APPLICATION FOR EMPLOYMENT State of North Carolina

INSTRUCTIONS TO APPLICANTS

TO BE CONSIDERED FOR STATE EMPLOYMENT, YOU MUST ANSWER ALL QUESTIONS AND COMPLETE <u>ALL</u> SECTIONS OF THIS APPLICATION FORM.

THE STATE EMPLOYS ONLY US CITIZENS OR ALIENS WHO CAN PROVIDE PROOF OF IDENTITY AND WORK AUTHORIZATION WITHIN 3 WORKING DAYS OF EMPLOYMENT MALES SUBJECT TO MILITARY SELECTIVE SERVICE REGISTRATION MUST CERTIFY COMPLIANCE TO BE ELIGIBLE FOR STATE EMPLOYMENT (G.S. 143B-421.1). SEE AVAILABILITY BLOCK.

WHEN COMPLETING THIS APPLICATION, PLEASE MAKE SURE YOU

- COMPLETE THE SECTION FOR EQUAL OPPORTUNITY INFORMATION.
- APPLY FOR ONE VACANCY PER APPLICATION.
- IF YOU ARE A RIF APPLICANT WITH PRIORITY- PLEASE CHECK THE APPROPRIATE BOX.
- GIVE COMPLETE INFORMATION ON YOUR EDUCATION AND WORK HISTORY ("SEE RESUME" IS NOT ACCEPTABLE).
- LIST SEPARATELY EACH JOB HELD AND YOUR DUTIES FOR EACH POSITION WHEN YOU WORKED FOR ONE EMPLOYER AND HELD MORE THAN ONE POSITION.
- AS YOU DESCRIBE YOUR WORK HISTORY, MAKE SURE YOU HIGHLIGHT YOUR COMPETENCIES (KNOWLEDGE, SKILLS, ABILITIES AND WORK BEHAVIORS) WHICH DEMONSTRATE YOUR QUALIFICATIONS FOR THE POSITION FOR WHICH YOU ARE APPLYING.
- PROVIDE ONLY THE LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER.
- CHECK FOR ACCURACY, SIGN AND DATE YOUR APPLICATION.

THANK YOU FOR YOUR INTEREST IN STATE GOVERNMENT. NORTH CAROLINA WANTS TO FIND THE BEST QUALIFIED PEOPLE AVAILABLE TO SERVE ITS CITIZENS. ALTHOUGH EVERYONE WHO APPLIES CANNOT BE HIRED, YOUR APPLICATION WILL BE GIVEN EVERY CONSIDERATION.

PD 107 (REV 09/08/2011)

Equal Opportunity Information State Government policy prohibits discrimination based on race, sex, color, creed, national origin, age, genetic information or disability. Sex, age or absence of disability is a bona fide occupational qualification in a small number of State jobs. The information requested below will in no way affect you as an applicant. Its sole use will be to see how well our recruitment efforts are reaching all segments of the population.					
Date of Birth (Month) (Day) (Year)	ETHNIC GROUP 1. White (non-Hispanic) 2. Black (non-Hispanic) 3. Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race)				
Gender Male Female	 4. Asian (including Pacific Islander) 5. American Indian (including Alaskan native) 				

APPLICATION	FOR EMP	LOY	MENT	N		E OF AROLINA	Date of	Application
Last 4 digits of Social Security No.	Last Name			First	Name	Middle N	ame	
Address (Street number and name)				City			County	
State	Zip Code	Phone (Home or where	you can be	e reached)	Business Pho	ne	
Availability Do you now work for the State of N.C. YES NO Are you a layoff candidate with the State of N.C. eligible for RIF priority reemployment consideration as described by GS 126: YES NO Notification Date: Are you related by blood or marriage to any person now working for the State YES NO If yes, give name, relationship to you and the agency where employed.					registration, ince by initial	certify ing dotted line		
Military Service Have you served honorably in the Armed For Do you wish to declare a service-connected At the time of this application, are you the sor Do you wish to declare eligibility for veterance Give dates of your (or spouse's) qualifying a	I disability? YES NO urviving spouse or dependen s preference as the spouse of active military service:	t of a decease	d veteran who deteran? ☐ YES	lied from s □ NO	ervice-relate	d reasons? ☐ Y		
Entered:Se	eparated:							
CHECK the types of work you will accept: If you are not available for work now, enter to Will you accept work anywhere in N.C.?	1. Permanent full-time 5. Any of the preceding the earliest date you could be YES NO (If no, list below	2. Per 6. Wo	rmanent part-tim ork involving Tra day/yr.)	ne 🗆 3	3. Temporar 7. Shift or Sp	y full-time [☐ 4. Tempo	orary part-time
1. 2. Job Applied For	3.			4.		5.		
Enter below the specific title and vacancy no Job Title:	•							
Referral Source Please indicate your referral source:								
If you were referred by the Employment Sec								
Education Circle highest grade completed: 1 2 3 4 5 Under S/Q Hrs., list the hours of credit recei				duate Sch	ool 1 2 3 4	4		
		Dates Attende	ed (mo/yr)	0	0/0 11==	M-i/Mi		Type of Degree
Schools Name and	d Location Fr	om: To		Grad? YES NO	S/Q Hrs.	Major/Minor Co	ourse work	Received
College(s) University (s)				YES NO				
Graduate or Professional				YES NO				
Other educational, vocational school, internships, etc.				YES NO				
Special training programs and seminars you If the job(s) applied for calls for specific coul	,	, ,						
ii iie jooga applied toi dalla toi apedillo dedi	ises, indicate those courses t	and order	and received.					
Current professional status: (List fields of w	·	,						
Registration:								
Registration:		State:						
Membership in professional, honorary, or te	chnical societies (list):				DO NO	T COMPLETE	THIS BLO	CK

S per	Licenses and certifications (List, giving dates and sources of issuance):						
Driver's License Number State Sign Language Geochy Months State Property Address: Address: Supervisor's Name Telephone Number No. Supervised by you. Date Employer (molyr) Starting Salary Supervisor's Name Telephone Number No. Supervised by you. Date Separated (molyr) Starting Salary Supervisor's Name Telephone Number No. Supervised by you. Date Employer (molyr) Starting Salary Supervisor's Name Telephone Number No. Supervised by you. Date Employer (molyr) Starting Salary Supervisor's Name Telephone Number No. Supervised by you. Date Employer (molyr) Starting Salary Supervisor's Name Telephone Number No. Supervised by you. Date Employer (molyr) Starting Salary Supervisor's Name Telephone Number No. Supervised by you. Date Employer (molyr) Starting Salary Supervisor's Name Telephone Number No. Supervised by you. Date Employer (molyr) Starting Salary Supervisor's Name Telephone Number No. Supervised by you. Date Employer (molyr) Starting Salary Supervisor's Name Telephone Number No. Supervised by you. Date Employer (molyr) Starting Salary Supervisor's Name Telephone Number No. Supervised by you. Date Employed (molyr) Starting Salary Supervisor's Name Telephone Number No. Supervised by you. Date Employed (molyr) Starting Salary Supervisor's Name Telephone Number No. Supervised by you. Date Employed (molyr) Starting Salary Supervisor's Name Telephone Number No. Supervised by you. Date Employed (molyr) Starting Salary Supervisor's Name Telephone Number No. Supervised by you. Date Employed (molyr) Starting Salary Supervisor's Name Telephone Number No. Supervised by you. Date Employed (molyr) Supervised Supervisor's Name Telephone Number No. Supervised by you. Date Employed (molyr) Supervised Supervisor's Name Telephone Number No. Supervised by you. Date Employed (molyr) Supervised Supervisor's Name Telephone Number No. Su	_	as ata subiah yay haya					
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Number State Typing (specify WPM) Word Processing Word Processing Typing (specify WPM) Word Processing Typing (specify Wph) Word Processing		State Fore	eign language (specify)				
Car for use at work					na		
how recently you were convicted will be evaluated in relation to the job for which you are applying. WORK HISTORY (include volunteer experience) Use additional sheets if necessary. As you describe your work history experiences, make sure you highlight you completencies which demonstrate your qualifications for the position for which you are applying. Current or Last Employer:	_						
Competencies which demonstrate your qualifications for the position for which you are applying. Current or Last Employer: Job Title:	how recently you were convicted will b						
Job Title: Date Employed (molyr) Date Separated (molyr) Date Separated (molyr) Date Separated (molyr) Date Separated (molyr) List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job: Full Time				cribe your work history experiences	s, make sure you highlight your		
Date Employed (molyr) Starting Salary Ending or Current Salary Fee No Date Separated (molyr) List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job: Full Time Years Months If part time, number of hours worked per week: Employer: Address: Job Title: Supervisor's Name Telephone Number No. Supervised by you: Date Employed (molyr) Starting Salary Supervisor's Name Per Supervisor Full Time Years Months Part Time Years Months Full Time Years Months Months If part time, number of hours worked per week: Employer: Address: Job Title: Supervisor's Name Telephone Number No. Supervised by you: Address: Address: Address: Address: Job Title: Supervisor's Name Telephone Number No. Supervised by you: Address: Add	Current or Last Employer:		Address:				
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	Date Employed (mo/yr)	, , , , , ,		Reason for Leaving			
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Full Time Years Months	Full Time Years Months						
Part Time Years Months	Part Time Years Months	1					
If part time, number of hours worked per week:	'						
I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualificat I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant inform may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal employment shall be mandatory if fraudulent disclosures are given to meet position qualifications (Authority: G.S. 126-30, G.S. 14-122.1.) Signature of Applicant (unsigned applications will not be processed)							

PD 107 A (Rev 06/2009) Continuation Sheet -- Application for Employment

STATE OF NORTH CAROLINA An Equal Opportunity/Affirmative Action Employer		Last 4 digits of So	ocial Security No.	Last Name			
Employer:		Address	:				
Job Title:		Supervis	sor's Name	Telephone Number		No. Supervised by you:	
Date Employed (mo/yr)	Starting Salary \$ per	Ending Salary \$ per		Reason for Leaving			
Date Separated (mo/yr)	List major duties that demo		•	to the position for whic	h you are a	pplying in order of their	
Full Time Years Months							
Part Time Years Months							
If part time, number of hours worked per week:	_						
Employer:		Address	:				
Job Title:		Supervis	or's Name	Telephone Number		No. Supervised by you:	
Date Employed (mo/yr)	Starting Salary \$ per	Ending o	or Current Salary per	Reason for Leaving			
Date Separated (mo/yr)	List major duties that demo	onstrate you	ur competencies related	to the position for which	h you are a	pplying in order of their	
Full Time Years Months							
Part Time Years Months	-						
If part time, number of hours worked per week:							
Employer:	•	Address	:				
Job Title:		Supervis	sor's Name	Telephone Number		No. Supervised by you:	
Date Employed (mo/yr)	Starting Salary \$ per	Ending o	or Current Salary	Reason for Leaving			
Date Separated (mo/yr)	List major duties that demo		ur competencies related	to the position for which	h you are a	pplying in order of their	
Full Time Years Months							
Part Time Years Months	-						
If part time, number of hours worked per week:							
I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications (Authority: G.S. 126-30, G.S. 14-122.1.)							
Signature of Applicant (unsigned applications will not be processed) Date					Date		