APPLICATION FOR EMPLOYMENT
State of North Carolina

INSTRUCTIONS TO APPLICANTS
TO BE CONSIDERED FOR STATE EMPLOYMENT, YOU MUST ANSWER ALL QUESTIONS AND COMPLETE ALL 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 APPLING.
- 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.

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>ETHNIC GROUP</th>
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<tbody>
<tr>
<td>(Month) (Day) (Year)</td>
<td>1. □ White (non-Hispanic)</td>
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<tr>
<td></td>
<td>2. □ Black (non-Hispanic)</td>
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<tr>
<td></td>
<td>3. □ Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race)</td>
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<td>4. □ Asian (including Pacific Islander)</td>
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<td>5. □ American Indian (including Alaskan native)</td>
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Gender
□ Male    □ Female
APPLICATION FOR EMPLOYMENT

STATE OF NORTH CAROLINA

Date of Application

Last 4 digits of Social Security No. Last Name First Name Middle Name

Address (Street number and name) City County

State Zip Code Phone (Home or where you can be reached) Business Phone

Availability

Do you now work for the State of NC? □ 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

If subject to Military Selective Service registration, certify compliance by initialing dotted line

..............................................................

Military Service

Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training? □ YES □ NO

Do you wish to declare a service-connected disability? □ YES □ NO

At the time of this application, are you the surviving spouse or dependent of a deceased veteran who died from service-related reasons? □ YES □ NO

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.

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Give dates of your (or spouse’s) qualifying active military service:

Entered: __________________________ Separated: __________________________ Branch: __________________________ Rank: __________________________

Job Applied For

Enter below the specific title and vacancy number of the job for which you are applying.

Job Title: ___________________________ Vacancy Number: ___________________________

Referral Source

Please indicate your referral source:

If you were referred by the Employment Security Commission (Job Service) please indicate which local office: ___________________________

Education

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12  GED  College 1 2 3 4  Graduate School 1 2 3 4

Under S/Q Hrs., list the hours of credit received and if they were semester (S) or quarter (Q) hours.

Special training programs and seminars you have completed in the last five years (list): ___________________________

If the job(s) applied for calls for specific courses, indicate those courses taken and credits received:

Current professional status: (List fields of work for which you have been registered)

Registration: ____________________________ State: ____________________________ No. ____________________________

Registration: ____________________________ State: ____________________________ No. ____________________________

Membership in professional, honorary, or technical societies (list): ____________________________

DEGREES AND PROFESSIONAL CREDENTIALS

□ Have been verified □ Will be verified within 90 days (G.S. 126-30)

Person Responsible: ____________________________

DO NOT COMPLETE THIS BLOCK
Licenses and certifications (List, giving dates and sources of issuance):

SKILLS
CHECK the following skills, experiences, etc., which you have:

- [ ] Driver’s License
- [ ] Chauffeur’s License
- [ ] Car for use at work
- [ ] Sign Language
- [ ] Foreign language (specify)
- [ ] Legal transcription
- [ ] Adding Machine/calculator
- [ ] Medical transcription
- [ ] Typing (specify WPM)
- [ ] Braille
- [ ] Word Processing
- [ ] Shorthand/speedwriting (specify WPM)
- [ ] Other

Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.)  

[ ] YES  [ ] NO  (If yes, explain fully on an additional sheet.)

WORK HISTORY (include volunteer experience) Use additional sheets if necessary. As you describe your work history experiences, make sure you highlight your competencies which demonstrate your qualifications for the position for which you are applying.

Current or Last Employer:  
Address:  
Job Title:  
Supervisor’s Name:  
Telephone Number:  
No. Supervised by you:  
Date Employed (mo/yr):  
Starting Salary: $ per  
Ending or Current Salary: $ per  
Reason for Leaving:  
May We Contact Employer:  [ ] YES  [ ] NO  
Date Separated (mo/yr):
Full Time  Years  Months  
Part 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 (mo/yr):  
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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
**STATE OF NORTH CAROLINA**  
An Equal Opportunity/Affirmative Action Employer

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