

# APPLICATION FOR EMPLOYMENT

IREDELL COUNTY GOVERNMENT  
PO Box 788, Statesville, NC 28687-0788

An Equal Opportunity Employer  
M/F/H

Position Applying For \_\_\_\_\_  
(one per application)

\_\_\_\_\_ Personal Data \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle) (Last 4 digits of Social Security #)

Address \_\_\_\_\_  
(Number & Street) (City) (State) (Zip)

Home Phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_ Where you can be reached day time ( ) \_\_\_\_\_

Have you worked for Iredell County previously? If so, From \_\_\_\_\_ To \_\_\_\_\_  
(Mo/Yr) (Mo/Yr) Department \_\_\_\_\_

List relatives now employed by Iredell County, how they are related to you, and the department in which they work  
\_\_\_\_\_

Are you legally eligible to work in the United States? \_\_\_ Yes \_\_\_ No (Proper documentation is required as condition of employment)

Who should be contacted in case of an emergency? \_\_\_\_\_  
Name Telephone #

Have you ever been convicted of or entered a plea of no contest to any unlawful offenses, other than a minor traffic violation?  
\_\_\_ Yes \_\_\_ No ----- If yes, please explain fully on a separate sheet. -----

Note: A conviction will not necessarily exclude you from employment. Factors such as rehabilitation efforts, how recent the offense was, the nature of the offense and type job for which you are applying will be considered.

What type work will you accept? (check all that apply) Full-time \_\_\_ Part-time \_\_\_ Temporary \_\_\_ Any Type \_\_\_

When would you be available to begin work (month/day/year)? \_\_\_\_\_

\_\_\_\_\_ EDUCATION \_\_\_\_\_

	High School	Vocational/ Technical	College/ University	Graduate/ Professional
School Name And Location				
Did you graduate	___ Yes ___ No ___ GED	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
Credit Hours				
Major/Minor Course work				
Type Degree				

\_\_\_\_\_ U. S. MILITARY SERVICE \_\_\_\_\_

Branch \_\_\_\_\_ Dates \_\_\_\_\_ Rank at Time of Separation \_\_\_\_\_

Education or Work Experience Acquired \_\_\_\_\_

\_\_\_\_\_ SKILLS (as they relate to job for which you are applying ) \_\_\_\_\_

List field(s) of work for which you are now licensed, registered or certified. Give dates and source of issuance.

\_\_\_\_\_

List any office skills you possess. (typing wpm, shorthand, medical transcription, calculator, etc.)

\_\_\_\_\_

List any computer hardware and software with which you have experience.

\_\_\_\_\_

Foreign languages. \_\_\_\_\_

Others \_\_\_\_\_

Do you possess a valid Driver's License  Yes  No License # \_\_\_\_\_ State \_\_\_\_\_

Chauffeur's License # \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_ EMPLOYMENT HISTORY \_\_\_\_\_

Have you ever been dismissed or asked to resign from employment?  Yes  No If yes, please explain in detail

\_\_\_\_\_

\_\_\_\_\_

\*\* Use additional sheets if necessary. \*\*

Describe in detail all work experiences beginning with your present job. Include internships, volunteer and summer work.

\*\*\*\*\*

Employer	Address	Phone Number
Job Title	Supervisor's Name and Title	No Supervised by you

Date Employed \_\_\_\_\_ Beginning Salary \$ \_\_\_\_\_ per \_\_\_\_\_ Date Separated \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_ per \_\_\_\_\_

Mo/Yr Mo/Yr

Full-time \_\_\_\_\_ # years \_\_\_\_\_ # months  Part-time # years \_\_\_\_\_ # months \_\_\_\_\_ # hours per week

May we contact employer?  Yes  No Reason for Leaving/Wanting to Leave \_\_\_\_\_

Description of Work

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer	Address	Phone Number
Job Title	Supervisor's Name and Title	No Supervised by you
Date Employed _____ Beginning Salary \$_____ per _____ Date Separated _____ Ending Salary \$_____ per _____		
Mo/Yr Mo/Yr		
___ Full-time _____ # years _____ # months _____ Part-time # years _____ # months _____ # hours per week		
May we contact employer? ___ Yes ___ No Reason for Leaving _____		
Description of Work		
_____		
_____		
_____		

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Employer	Address	Phone Number
Job Title	Supervisor's Name and Title	No Supervised by you
Date Employed _____ Beginning Salary \$_____ per _____ Date Separated _____ Ending Salary \$_____ per _____		
Mo/Yr Mo/Yr		
___ Full-time _____ # years _____ # months _____ Part-time # years _____ # months _____ # hours per week		
May we contact employer? ___ Yes ___ No Reason for Leaving _____		
Description of Work		
_____		
_____		
_____		

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Mo/Yr Mo/Yr		
___ Full-time _____ # years _____ # months _____ Part-time # years _____ # months _____ # hours per week		
May we contact employer? ___ Yes ___ No Reason for Leaving _____		
Description of Work		
_____		
_____		
_____		

\_\_\_\_\_  
ACKNOWLEDGEMENT

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that any false statements or information may be grounds for rejection of my application, or dismissal if I am employed. I also understand a background check of my driving, criminal, or other records may be conducted before employment. I permit the County to conduct a police and court records investigation of my background if relevant to the job for which I am applying.

I authorize any and all of my current and previous employers, including the U.S. Government or U.S. Military, and other persons, registration and licensing boards and educational institutions listed on my application to provide Iredell County Government with any job-related information requested. I waive my right to legal claims against a disclosing person, employer, or institution and the prospective employer seeking and using this information for hiring purposes.

I understand Iredell County is a drug free workplace and I agree to submit to pre-employment drug testing. I am aware that Iredell County has a drug and alcohol policy and that consideration for employment and continued employment are based on consent to and compliance with such policy.

State law requires Selective Service Registration Verification. If subject to military selective service registration, please certify your compliance by initialing here: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

(unsigned applications will not be processed)

**This application becomes void upon position being filled. An application must be submitted for each position for which an applicant wishes to be considered for employment.**

\_\_\_\_\_  
REFERENCES

List three persons who are not related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat the name of supervisors.

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NAME	BUSINESS/OCCUPATION	ADDRESS	PHONE #
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How did you become aware of this position? \_\_\_\_\_

EEO INFORMATION

Iredell County is an Equal Opportunity Employer. It is the policy of Iredell County to select employees on the basis of qualifications and without regard to race, sex, disability, age, religion, political affiliation, national origin, or citizenship.

The tracking information requested below will in no way affect you as an applicant. The data will be physically separated from the remainder of your job application before the application is considered for possible employment.

The sole use of the information will be to see how well our recruitment efforts are reaching all segments of the population. We would appreciate you providing the information. However, completing the form is strictly voluntary.

This page should be returned even if not completed.

\*\*\*\*\*

Gender Male \_\_\_\_\_ Female \_\_\_\_\_

Ethnic Group \_\_\_\_\_ White (Caucasian, Non-Hispanic)  
\_\_\_\_\_ Black (African-American, Non-Hispanic)  
\_\_\_\_\_ Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race)  
\_\_\_\_\_ Asian (Including Pacific Islander)  
\_\_\_\_\_ American Indian (Including Alaskan native)

\*Disability \_\_\_\_\_ Yes \_\_\_ No (A disability is any impairment which substantially limits a major life function.)

\*Providing an answer to this question is strictly voluntary in conformity with the provisions of the Rehabilitation Act of 1973 regarding self-reporting.