

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 aaaa _____ Business Phone aaaaa _____ 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				

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		

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		

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		

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.

NAME	BUSINESS/OCCUPATION	ADDRESS	PHONE #
------	---------------------	---------	---------

How did you become aware of this position? _____

