



BLADEN COUNTY
APPLICATION FOR EMPLOYMENT
(PLEASE PRINT)

OFFICE: 910-862-6700
www.bladennc.govoffice3.com

PERSONAL DATA

Date of Application _____

SOCIAL SECURITY NUMBER XXX XX	FIRST NAME	MIDDLE NAME	LAST NAME
ADDRESS (Street Number and Name)		CITY	STATE ZIP CODE
PHONE (Home or Office Number Where You Can Be Reached) ()		EMAIL ADDRESS	

AVAILABILITY

- Have you ever filed an application with us before? Yes No If YES, give date _____
- When are you available to begin employment? _____
- Check the types of work you will accept:
 - Regular Full Time Regular Part Time Weekends Rotating Shifts
 - Temporary Full Time Temporary Part Time Night Work Any of the above
- Position Applied For _____
POSITION TITLE _____

TRAINING

List fields of work for which you have been registered, licensed or certified

Registration: _____ State: _____ No.: _____ Exp. Date: _____

Registration: _____ State: _____ No.: _____ Exp. Date: _____

List internships, specific courses, workshops, training and/or rotations you may have had that relate to the position you are applying for. Include credit hours or CEU's if applicable.

EDUCATION

	HIGH SCHOOL					VOCATIONAL/ TECHNICAL SCHOOL		COLLEGE/ UNIVERSITY				GRADUATE/ PROFESSIONAL			
School Name and Location															
Years Completed	9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>	GED <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Dates Attended (mo/yr)	From: To:		From: To:		From: To:		From: To:								
List Credit Hours Received: (S) - Semester (Q) - Quarter															
Diploma/Degree Received															
Course of Study															

MILITARY

Were you in the US Armed Forces? _____ If yes, what branch? _____

Dates of Duty from _____ to _____ Rank at Discharge _____

List Duties in Service including Special Training _____

Have you taken any training under the G.I. Bill? If yes, please describe _____

EMPLOYMENT HISTORY

Using a separate section for each position, describe in detail all work experience beginning with your present or most recent job. Include periods of unemployment, self-employment, military service, internships, and volunteer and summer work. Use additional "Continuation Sheets" if necessary. Be sure to indicate whether employment was full-time or part-time, and if part-time, state the average number of hours worked per week. Incomplete information will result in the disqualification of your application.

May we contact your present employer? Yes No

1 Employer: (Present or most recent)		Address:		Phone No.:	
Job Title:		Name of Supervisor:		No. Supervised by You:	
Date Employed: (mo/yr)	Starting Salary: \$	Ending Salary: \$	Reason for Leaving:		
Date Separated: (mo/yr)		Job Duties: (Be specific)			
<input type="checkbox"/> Full-time	# Years	<input type="checkbox"/> Full-time	# Months		
<input type="checkbox"/> Part-time	# Years	<input type="checkbox"/> Part-time	# Months		
If part-time, number of hours per week					

May we contact your present employer? Yes No

2 Employer: (Present or most recent)		Address:		Phone No.:	
Job Title:		Name of Supervisor:		No. Supervised by You:	
Date Employed: (mo/yr)	Starting Salary: \$	Ending Salary: \$	Reason for Leaving:		
Date Separated: (mo/yr)		Job Duties: (Be specific)			
<input type="checkbox"/> Full-time	# Years	<input type="checkbox"/> Full-time	# Months		
<input type="checkbox"/> Part-time	# Years	<input type="checkbox"/> Part-time	# Months		
If part-time, number of hours per week					

May we contact your present employer? Yes No

3 Employer: (Present or most recent)		Address:		Phone No.:	
Job Title:		Name of Supervisor:		No. Supervised by You:	
Date Employed: (mo/yr)	Starting Salary: \$	Ending Salary: \$	Reason for Leaving:		
Date Separated: (mo/yr)		Job Duties: (Be specific)			
<input type="checkbox"/> Full-time	# Years	<input type="checkbox"/> Full-time	# Months		
<input type="checkbox"/> Part-time	# Years	<input type="checkbox"/> Part-time	# Months		
If part-time, number of hours per week					

May we contact your present employer? Yes No

4 Employer: (Present or most recent)		Address:		Phone No.:	
Job Title:		Name of Supervisor:		No. Supervised by You:	
Date Employed: (mo/yr)	Starting Salary: \$	Ending Salary: \$	Reason for Leaving:		
Date Separated: (mo/yr)		Job Duties: (Be specific)			
<input type="checkbox"/> Full-time	# Years	<input type="checkbox"/> Full-time	# Months		
<input type="checkbox"/> Part-time	# Years	<input type="checkbox"/> Part-time	# Months		
If part-time, number of hours per week					

SKILLS

Indicate skills, knowledge and abilities in the following areas which relate to the position you are applying for. Please check all that apply and that you would be able to use immediately upon employment.

- Typing _____ wpm Speedwriting _____ wpm
- Shorthand _____ wpm Data Entry _____ keystrokes/hr.
- Transcription _____ wpm Adding Machine/Calculator _____
- Word Processing (specify equipment and software) _____
- Computer Operations (specify equipment) _____
- Computer Programming (specify languages and equipment) _____
- Other _____

REFERENCES

List three persons who are not related to you who have definite knowledge of your qualifications for the position for which you are applying such as co-workers, teachers, etc. DO NOT repeat the names of supervisors previously listed.

Name	Address	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

GENERAL INFORMATION

- Do you work for Bladen County? Regular Temporary No Yes
 - If yes, are you: Regular Temporary No Yes
 - Are you a former employee of Bladen County? No Yes
 - If yes, please indicate: Department: _____ Date separated: _____
 - Are you related by blood or marriage to any person currently employed by Bladen County? No Yes
 - If yes, please indicate: Name: _____ Relationship: _____
 - Are you legally eligible to work in the United States? No Yes
 - If you are subject to Selective Service registration, are you in compliance? No Yes
 - Have you ever been convicted of any unlawful offense, other than a minor traffic violation? No Yes
 - If yes, please explain: _____
- NOTE: A conviction record will not necessarily exclude you from employment. Factors such as age at time of offense, rehabilitation efforts, how recent the offense was, nature of the crime and type of job for which you are applying will be considered.
- Do you have a valid driver's license? No Yes

APPLICANT EEO INFORMATION

Please fill out the following section in order for the County to comply with Equal Employment Opportunity laws. The County is an Equal Employment Opportunity Employer and will not use this information for employment decisions. This information will be separated from your application and will be maintained in confidential files.

Name of Applicant: _____ Date of Application: _____

Position Applied for: _____ Date of Birth: _____ Sex: Male Female

Veteran Status: No Yes Disability Status: No Yes

Racial group with which you identify:

- White (this category includes persons of Arabian descent)
- Black (this category includes Jamaicans, Bahamians and other Caribbeans of Africa but not Hispanic or Arabian descent)
- Hispanic (includes persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish origin or culture)
- Asian and Asian American (includes Pakistanis, Indians and Pacific Islanders)
- American Indian (includes Alaskan natives)

Highest Education Level Completed

- Less than 8th grade High School Graduate or equivalent Attended Graduate School PhD or Professional Degree
- Completed 8th grade Attended College and/or Associate Degree Master's Degree
- Attended High School College Graduate Graduate Study Beyond Master's Requirements

How did you hear about this job?

- Ad in the N & O Ad in another publication - Please specify the publication _____
- Bladen County employee referral Other - Please specify _____
- Bladen County website

To All Applicants,

The County of Bladen considers the selection of qualified personnel the most important step in assuring quality services to our citizens. People must be our priority if service is to be our business. In that regard, your cooperation in completing all areas of the application is necessary in helping us make the best hiring selection possible.

Our application is designed to give you every opportunity to illustrate your qualifications. If additional space is required, you may include a separate sheet. You are welcome to submit a resume along with your completed application.

Please note the following information:

- The County will require all applicants to authorize release of information for a background investigation. If authorization for pre-employment screening is not received, this application will be withdrawn from consideration for the specified position. Information in this application will be verified.
- The last date that we can accept applications for the position is posted on the announcement. The screening process will begin after that date. If you are a qualified applicant, you will be contacted by either the hiring department or the County Human Resources Department regarding interviews and testing as necessary.
- If hired, an original Social Security card or authorization to legally work in the United States, verification of date of birth and proof of education/certificates, licenses (if required) must be presented prior to employment.

If you have any inquiries regarding positions with the County of Bladen, please call or contact our staff professionals in the County Human Resources Department weekdays from 8:30 a.m. to 5:00 p.m. at (910) 862-6700.

Thank you for applying to the County of Bladen, and good luck in your employment efforts.

Human Resources Department

CERTIFICATE OF APPLICANT

I certify that, to the best of my knowledge and belief, the statements given truly represent my background and experience. In addition, I give the following Authorization to Release Information. I hereby authorize my previous employers, personal references listed, and other persons or institutions shown on my application to provide Bladen County with any information requested. I further authorize Bladen County to conduct a Police and Court Records investigation of my background. I understand that false information may be grounds for rejection of my application and (or) dismissal if I am employed. I understand that if I have any outstanding Bladen County taxes at the time I am hired, my wages will be subject to immediate garnishment by Bladen County. I further understand that, if employed in a grant-funded position, my continued employment is contingent upon availability of funds and my position will be abolished when the grant expires unless alternate funding is secured.

Applicant's Signature

Date

BEFORE SUBMITTING YOUR APPLICATION, PLEASE CHECK TO SEE IF YOU HAVE:

1. Listed the correct position title.
2. Listed your phone number correctly or a number where you can be reached.
3. Given complete information on your education, training and work experience.
4. Signed and dated your application. Unsigned applications will not be processed.

AN EQUAL OPPORTUNITY EMPLOYER


CUT HERE
