

EMPLOYMENT APPLICATION



Pender County Government
 NOTE: Apply to the department listed on posting
 An Equal Opportunity Employer



Received:
For Official Use Only:
 QUAL: _____
 DNQ: _____
 Experience
 Training
 Other: _____

PERSONAL INFORMATION

POSITION TITLE:		POSITION APPLIED FOR:	
NAME: (Last, First, Middle)		SOCIAL SECURITY NUMBER:	
Former Last Name (if applicable):		Date And Month of Birth:	
ADDRESS: (Street, City, State/Province, Zip Code)			
HOME PHONE:		ALTERNATE PHONE:	
EMAIL ADDRESS:			
DRIVER'S LICENSE: <input type="checkbox"/> Yes <input type="checkbox"/> No	DRIVER'S LICENSE: State/Province: Number:	DRIVER'S LICENSE: Class:	LEGAL RIGHT TO WORK IN THE UNITED STATES? <input type="checkbox"/> Yes <input type="checkbox"/> No

PREFERENCES

WHAT IS YOUR MINIMUM COMPENSATION REQUIREMENT?	ARE YOU WILLING TO RELOCATE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe
SHIFTS YOU WILL ACCEPT: Please check all that apply. <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/> Rotating <input type="checkbox"/> Weekends <input type="checkbox"/> On Call (as needed)	
WHAT TYPE OF JOB ARE YOU LOOKING FOR? Please check all that apply. <input type="checkbox"/> Regular <input type="checkbox"/> Temporary	
TYPES OF WORK YOU WILL ACCEPT: Please check all that apply. <input type="checkbox"/> Permanent Full Time <input type="checkbox"/> Permanent Part Time <input type="checkbox"/> Temporary Full Time <input type="checkbox"/> Temporary Part Time	
OBJECTIVE:	

EDUCATION

SCHOOL NAME:	SCHOOL TYPE: <input type="checkbox"/> High School <input type="checkbox"/> College/University <input type="checkbox"/> Graduate/Professional <input type="checkbox"/> Other (Vocational/Internship)	DATES ATTENDED:
LOCATION: (City, State/Province)	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	DEGREE RECEIVED:
MAJOR:		UNITS COMPLETED:
WEBSITE:		UNIT TYPE:
SCHOOL NAME:	SCHOOL TYPE: <input type="checkbox"/> High School <input type="checkbox"/> College/University <input type="checkbox"/> Graduate/Professional <input type="checkbox"/> Other (Vocational/Internship)	DATES ATTENDED:
LOCATION: (City, State/Province)	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	DEGREE RECEIVED:

MAJOR:		UNITS COMPLETED:
WEBSITE:		UNIT TYPE:
SCHOOL NAME:	SCHOOL TYPE: <input type="checkbox"/> High School <input type="checkbox"/> College/University <input type="checkbox"/> Graduate/Professional <input type="checkbox"/> Other (Vocational/Internship)	DATES ATTENDED:
LOCATION: (City, State/Province)	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	DEGREE RECEIVED:
MAJOR:		UNITS COMPLETED:
WEBSITE:		UNIT TYPE:

WORK EXPERIENCE

DATES:	EMPLOYER:	POSITION TITLE:
ADDRESS: (Street, City, State/Province, Zip Code)		MONTHLY SALARY:
PHONE NUMBER:	SUPERVISOR:	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No
HOURS PER WEEK:	# OF EMPLOYEES SUPERVISED:	

DUTIES:

REASON FOR LEAVING:

DATES:	EMPLOYER:	POSITION TITLE:
ADDRESS: (Street, City, State/Province, Zip Code)		MONTHLY SALARY:
PHONE NUMBER:	SUPERVISOR:	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No
HOURS PER WEEK:	# OF EMPLOYEES SUPERVISED:	

DUTIES:

REASON FOR LEAVING:

DATES:	EMPLOYER:	POSITION TITLE:
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ADDRESS: (Street, City, State/Province, Zip Code)		MONTHLY SALARY:
PHONE NUMBER:	SUPERVISOR:	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No
HOURS PER WEEK:	# OF EMPLOYEES SUPERVISED:	
DUTIES:		
REASON FOR LEAVING:		

CERTIFICATES AND LICENSES

TYPE:	
LICENSE NUMBER:	ISSUING AGENCY:

SKILLS

OFFICE SKILLS:
OTHER SKILLS:
LANGUAGE(S):

REFERENCES

REFERENCE TYPE:	NAME:	POSITION:
ADDRESS: (Street, City, State/Province, Zip Code)		
EMAIL ADDRESS:	PHONE NUMBER:	
REFERENCE TYPE:	NAME:	POSITION:
ADDRESS: (Street, City, State/Province, Zip Code)		
EMAIL ADDRESS:	PHONE NUMBER:	
REFERENCE TYPE:	NAME:	POSITION:

ADDRESS: (Street, City, State/Province, Zip Code)

EMAIL ADDRESS:

PHONE NUMBER:

SUPPLEMENTAL QUESTIONS

1. Have you ever worked for or applied for employment with Pender County before?
Yes No
2. Are you related by blood or marriage to any person now working for Pender County?
Yes No
3. If you answered yes, please provide their name, department, and relationship to you.
4. Can you, with or without accommodation, perform the essential functions of the position for which you are applying?
Yes No
5. Have you ever been discharged (does not include layoff) or asked to resign by any previous employer? If so, you may be asked to explain an identify employer.
Yes No
6. If hired, can you furnish proof that you are eligible to work in the US?" If no, you may be asked to explain.
Yes No
7. Have you ever had a security clearance? If yes, you may be asked to state the level and granting agency.
Yes No
8. If you were referred by someone, please let us know who to thank.
9. I understand that all Pender County Employees are considered essential. Essential employees are expected to work in their emergency roles which may include pre-event preparations, the duration of the whether event, and/or post weather event duties.
Yes No

DISCLAIMER AND SIGNATURE

By signing below, I hereby certify that every statement I have made in this application is true and complete to the best of my knowledge. I understand that any false or incomplete answer may be grounds for not employing me or for dismissing me after I begin work. I understand that I will have to produce documentation verifying identity and employment eligibility in the U.S. I understand that I may be required to verify any, and all information given on this application. I understand that this completed application is the property of Pender County Government and will not be returned. I understand Pender County Government may contact prior employers and other references. I understand that I must notify the Human Resources Division of any changes in my name, address, or phone number. Pender County is an equal opportunity employer.

Signature

Date