

BURKE COUNTY

APPLICATION FOR EMPLOYMENT



BURKE COUNTY HUMAN RESOURCES
200 Avery Avenue ♦ PO Box 219 ♦ Morganton, NC 28680-0219
www.burkenc.org
Phone: (828) 764-9080 ♦ Fax: (828) 764-9081
Email: hr@burkenc.org

INSTRUCTIONS TO APPLICANTS

APPLICATIONS ARE ACCEPTED ONLY FOR VACANCIES CURRENTLY BEING ADVERTISED. APPLICATIONS RECEIVED UNSIGNED, INCOMPLETE OR POSTMARKED AFTER THE CLOSING DATE WILL NOT BE CONSIDERED.

BURKE COUNTY EMPLOYS ONLY US CITIZENS OR ALIENS WHO CAN PROVIDE PROOF OF IDENTITY AND WORK AUTHORIZATION WITHIN 3 WORKING DAYS OF EMPLOYMENT.

WHEN COMPLETING THIS APPLICATION, PLEASE MAKE SURE YOU

- APPLY FOR ONE VACANCY PER APPLICATION.
- GIVE COMPLETE INFORMATION ON YOUR EDUCATION AND WORK HISTORY ("SEE RESUME" IS NOT ACCEPTABLE). RESUMES MAY BE INCLUDED AS SUPPLEMENTAL MATERIAL.
- LIST SEPARATELY EACH JOB HELD AND YOUR DUTIES FOR EACH POSITION WHEN YOU WORKED FOR ONE EMPLOYER AND HELD MORE THAN ONE POSITION. USE ADDITIONAL SHEETS AS NECESSARY TO LIST PRIOR EMPLOYMENT.
- 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 APPLYING.
- CHECK FOR ACCURACY, SIGN AND DATE YOUR APPLICATION.

THANK YOU FOR YOUR INTEREST IN EMPLOYMENT WITH BURKE COUNTY. BURKE COUNTY 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.

Equal Opportunity Information

County policy prohibits discrimination based on race, religion, color, national origin, sex, age, disability or genetic information. In order for us to comply with governmental record keeping, reporting and other legal requirements, we request that you **voluntarily** provide the information listed below. Refusal to provide this information **will not** affect your current or future application for employment, or if currently employed, any opportunity for promotion or transfer. All information provided will be retained **separately** from your application.

Date of Birth

 (Month) (Day) (Year)

Gender

Male

Female

ETHNIC GROUP

1. White (non-Hispanic)
2. Black (non-Hispanic)
3. Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race)
4. Asian/Pacific Islander
5. American Indian (including Alaskan native)

Licenses and certifications (List, giving dates and sources of issuance):

SKILLS

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

- | | | |
|--|---|--|
| <input type="checkbox"/> Driver's License _____ | <input type="checkbox"/> Sign Language _____ | <input type="checkbox"/> Legal transcription _____ |
| <input type="checkbox"/> Chauffeur's License _____ | <input type="checkbox"/> Foreign language (specify) _____ | <input type="checkbox"/> Medical transcription _____ |
| <input type="checkbox"/> Car for use at work _____ | <input type="checkbox"/> Adding Machine/calculator _____ | <input type="checkbox"/> Braille _____ |
| | <input type="checkbox"/> Typing (specify WPM) _____ | <input type="checkbox"/> Word Processing _____ |
| | <input type="checkbox"/> Shorthand/speedwriting (specify WPM) _____ | <input type="checkbox"/> 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 <input type="checkbox"/> NO <input type="checkbox"/>
-----------------------	---------------------------------------	--	--------------------	---

Date Separated (mo/yr)	List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:
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)	Starting Salary \$ _____ per _____	Ending or Current Salary \$ _____ per _____	Reason for Leaving
-----------------------	---------------------------------------	--	--------------------

Date Separated (mo/yr)	List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:
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)	Starting Salary \$ _____ per _____	Ending or Current Salary \$ _____ per _____	Reason for Leaving
-----------------------	---------------------------------------	--	--------------------

Date Separated (mo/yr)	List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:
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.

Signature of Applicant (unsigned applications will not be processed) _____ Date _____

Continuation Sheet -- Application for Employment

BURKE COUNTY APPLICATION FOR EMPLOYMENT An Equal Opportunity/Affirmative Action Employer		Last 4 digits of Social Security No.		Last Name	
Employer:			Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:	
Date Employed (mo/yr)	Starting Salary \$ per	Ending Salary \$ per	Reason for Leaving		
Date Separated (mo/yr)	List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:				
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)	Starting Salary \$ per	Ending or Current Salary \$ per	Reason for Leaving		
Date Separated (mo/yr)	List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:				
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)	Starting Salary \$ per	Ending or Current Salary \$ per	Reason for Leaving		
Date Separated (mo/yr)	List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:				
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)	Starting Salary \$ per	Ending or Current Salary \$ per	Reason for Leaving		
Date Separated (mo/yr)	List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:				
Full Time Years Months					
Part Time Years Months					
If part time, number of hours worked per week:					