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APPLICATION FOR EMPLOYMENT



DARE COUNTY

**954 MARSHALL C. COLLINS DR
PO DRAWER 1000
MANTEO, NC 27954
(252) 475-5820
(252) 475-5819-FAX**

(PLEASE TYPE OR PRINT IN INK)

DATE: _____

LAST NAME FIRST NAME M

MAILING ADDRESS: _____

CITY STATE ZIP CODE

TELEPHONE NUMBER: () _____

POSITION(S) DESIRED: _____ SALARY DESIRED: _____

RECORD OF EDUCATION

SCHOOL	NAME OF SCHOOL	COURSE OF STUDY	COMPLETION	DID YOU GRADUATE?	DIPLOMA/ DEGREE
ELEMENTARY		N/A	5 6 7 8	N/A	N/A
HIGH			1 2 3 4	YES NO	
COLLEGE			1 2 3 4	YES NO	
OTHER (SPECIFY)			1 2 3 4	YES NO	

EMPLOYMENT HISTORY

LIST BELOW PRESENT AND PAST EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT

Employer	Type of Organization	Address	Phone No.
Job Title	Name and Title of Supervisor		No. Supervised by You
Date Employed (mdy)	Starting Salary \$ _____ per	Ending Salary \$ _____ per	Reason for Leaving
Date Separated (mdy)	Job Duties (Be specific)		
<input type="checkbox"/> Full-time ___ # Years ___ # Months			
<input type="checkbox"/> Part-time ___ # Years ___ # Months			
If part-time, number of hours per week _____			

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REFERENCES

List individuals familiar with your capabilities. Do not list former employers or relatives.

NAME	OCCUPATION	ADDRESS	PHONE NUMBER
_____	_____	_____	_____
_____	_____	_____	_____

SKILLS

*LIST FIELDS OF WORK FOR WHICH YOU ARE LICENSED, REGISTERED, OR CERTIFIED, AND GIVE DATE OF ISSUANCE.

REGISTRATION: _____ STATE: _____ NO: _____ EXP. DATE: _____
REGISTRATION: _____ STATE: _____ NO: _____ EXP. DATE: _____

*CHECK THE FOLLOWING SKILLS, EXPERIENCE, ETC., WHICH YOU HAVE:

_____ DRIVER'S LICENSE	_____ ADDING MACHINE/CALCULATOR
_____ COMMERCIAL LICENSE	_____ DATA ENTRY/KEYPUNCH
_____ CAR FOR USE AT WORK	_____ SIGN LANGUAGE
_____ TYPING _____ w.p.m.	_____ FOREIGN LANGUAGE (specify)
_____ WORD PROCESSING (specify)	
_____ OTHER	

*LIST CIVIC, FRATERNAL, AND PROFESSIONAL ORGANIZATIONS TO WHICH YOU BELONG:

GENERAL INFORMATION

*Are you eligible for employment in the USA? _____

*Have you ever been convicted of a crime, excluding misdemeanors and summary offense? _____
If yes, describe in full. _____

*Have you ever been discharged or asked to resign from a position? _____
If yes, describe in full. _____

*Are you subject to call for active military duty or training? _____
If yes, what form and when. _____

*Are you related by blood or marriage to any person now employed by Dare County? _____
If yes, give name, relationship and department. _____

*Will you accept employment involving travel? _____
If yes, please specify. _____

MILITARY SERVICE RECORD

*Were you in the U.S. Armed Forces? _____yes _____no

If yes, what Branch? _____

*Date of Duty: From _____ to _____

Rank at Discharge: _____

*List Duties in the Service, including training: _____

*Have you taken any training under the G.I. Bill of Rights? _____

If yes, what training did you take? _____



I understand and agree that:

- 1) Any material misrepresentation or deliberate omission of fact in my application may be justification for refusal of, or if employed, termination from employment.
- 2) It is my understanding that Dare County will make a thorough investigation of my entire work history and may verify all data given in my application for oral interviews. I authorize such investigation and the giving and receiving of any information requested by Dare County and I release from any liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.
- 3) Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, a rotating work schedule, or a work schedule other than Monday through Friday. I understand and accept these conditions of my continuing employment.

I further understand that this is an application for employment and that no employment contract is being offered.

I understand that if I am employed, such employment is for no definite period of time and that Dare County can change wages, benefits, and conditions at any time.

I have read and understand the above.

SIGNED: _____ **DATE:** _____