## APPLICATION FOR EMPLOYMENT State of North Carolina

## **INSTRUCTIONS:**

To be considered for NC State Government employment, you must answer all questions (unless listed as optional) and complete all sections of this application form

The State of North Carolina employs only US citizens or foreign nationals who can provide proof of identity and work authorization within 3 working days of employment. Males subject to military selective service registration must certify compliance to be eligible for state employment (G.S. 143b-421.1). See availability block.

When completing this application make sure you:

- . Complete the optional section for equal opportunity information.
- · Apply for one vacancy per application.
- If you are a RIF applicant with priority- please check the appropriate box.
- Give complete information on your education and work history ("see resume" is not acceptable).
- List separately each job held and your duties for each position when you worked for one employer and held more than one position. Use a continuation sheet, PD 107-A, if needed.
- 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.
- Provide only the last four digits of your social security number.
- Check for accuracy, sign and date your application.

Thank you for your interest in North Carolina State Government Employment. North Carolina hires the most qualified people available to serve its citizens. Although everyone who applies cannot be hired, each application will be given consideration based on its competitiveness compared to other applications received. PD 107 (REV April 2019)

## **Equal Opportunity Information**

State Government policy prohibits discrimination based on race, sex, color, creed, national origin, age, genetic information or disability. Sex, age or absence of disability is a bona fide occupational qualification in a small number of State jobs. The information requested below will not affect you as an applicant and is not forwarded to the hiring manager. Its sole use will be to see how well our recruitment efforts are reaching all segments of the population. Answering this question is optional.

## Ethnicity:

- 1. ☐ White (Non-Hispanic/Latino)
- 2. ☐ Black or African American (Non-Hispanic/Latino)
- 3. ☐ Asian
- 4. ☐ American Indian or Alaskan Native
- 5. ☐ Native Hawaiian or Other Pacific Islander
- 6. ☐ Two or More Races (Non-Hispanic/Latino)
- 7. Hispanic/Latino

APPL	ICATION	FOR EM	/IPLOYI	MENT	N		TE OF CAROLINA		f Application		
Last 4 digits of So	cial Security No.	Last Name			First	Name		Middle Name			
Address (Street num	ber and name)				City			County			
State		Zip Code	Phone a	and e-mail whe	re you can b	oe reached	Business Pho	one			
Availability Do you now work for the State of NC?  YES NO	consideration as de Are you related by b	indidate with the State lescribed by GS 126: lolood or marriage to any elationship to you and th	☐ YES ☐ NO No y person now working	lotification Dating for the State	Date: Service registration, certify						
Do you wish to decla At the time of this app Do you wish to decla Give dates of your (o	are a service-connected plication, are you the su are eligibility for veterans or spouse's) qualifying a	eparated:	NO endent of a deceased buse of a disabled ve	ed veteran who eeteran?  YES	died from se	ervice-related	d reasons? ☐ `				
	AG	ENCY USE ONLY: EL	IGIBILITY FOR VE	ΓERAN'S PRE	FERENCE:	☐ YES ☐	NO				
CHECK the types of work you will accept:  1. Permanent full-time  2. Permanent part-time  3. Temporary full-time  4. Temporary part-time  5. Any of the preceding  6. Work involving Travel  7. Shift or Split Shift Work  If you are not available for work now, enter the earliest date you could begin work (mo./day/yr.)  Will you accept work anywhere in N.C.?  YES  NO (If no, list below the counties in which you would be willing to work.)											
1.	2.		3.		4.		5.				
Job Applied For Enter below the spec	rific title and vacancy n	umber of the job for whi	ich vou are applying	<b>1</b>							
·	•										
Referral Source Please indicate your	referral source:										
If you were referred b	by NC Workforce Soluti	ions please indicate whi	ich local office:								
	•	5 6 7 8 9 10 11 12 ived and if they were se	=		School 1 2	3 4					
		-	Dates Attende	led					Type of Degree		
Schools High School	Name and	d Location	(mo./yr.) From:	То:	Grad? YES □ NO □	S/Q Hrs.	Major/Minor C	Course Work	Received		
College(s) University (s)					YES   NO						
Graduate or Professional					YES 🗆 NO 🗆						
Other educational, vocational school,					YES   NO						
	ŕ	u have completed in the	. ,								
•	•	ork for which you have t	,								
					No						
Registration:			State:_				No	D			
						EES AND F Have been	ified within 90	NAL CREDE	ENTIALS		

Other Licenses and certifications, including Driver License and State, if any (List, giving dates and sources of issuance):										
Have you ever been convicted of an off how recently you were convicted will be			conviction does not mean you ca YES NO	nnot be hired. The offense and						
(If yes, explain fully on an additional she	et.)									
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.)	Supervisor's e-mail:		Reason for Leaving	May We Contact Employer YES NO						
Date Separated (mo./yr.)	List major duties that demo	onstrate your competencies rela	ted to the position for which you a	re applying in order of their						
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.)	Supervisor's e-mail		Reason for Leaving	May We Contact Employer YES NO						
Date Separated (mo./yr.)	List major duties that demi importance in the job:	onstrate your competencies rela	ited to the position for which you a	re applying in order of their						
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.)	Supervisor's e-mail		Reason for Leaving	May We Contact Employer YES NO						
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, accura work, I authorize educational institution I authorize investigation of all statements may be grounds for rejection of my employment shall be mandatory if frau	ons, associations, registration ents made in this application application, disciplinary actio	and licensing boards, and other and understand that false inform on or dismissal if I am employe	ers to furnish whatever detail is averation or documentation, or a failed, and (or) criminal action. I furt	ailable concerning my qualifications. ilure to disclose relevant information her understand that dismissal upon						
Signature of Applicant (unsigned applications will not be processed)  Date										