



# JACKSON COUNTY Application for Employment

Human Resources submit to: 401 Grindstaff Cove Rd, Ste A-218, Sylva, NC 28779 Phone 828.631.2212 ▪ Fax 828.631.2266  
 Department of Social Services submit to: 15 Griffin Street, Sylva, NC 28779 Phone 828.586.5546 ▪ Fax 828.587.2099  
 Department of Public Health submit to: 538 Scotts Creek Road, Sylva, NC 28779 Phone 828.586.8994 ▪ Fax 828.587.8296

## Instructions

To be considered for employment with Jackson County, **completion of all sections** of this Application for Employment **is required** (unless listed as optional). Jackson County employs only US citizens or foreign nationals who can provide proof of identity and work authorization within three (3) working days of employment. Males subject to military selective service registration must certify compliance to be eligible for employment. (G.S. 143b-421.1)

**Date of Application** \_\_\_\_\_

## Applicant Name and Contact Information

Last 4 digits of SSN		Last Name		First Name		Middle Name	
Mailing Address			City		State	Zip	County
Primary Phone # <small>check one: Cell Work Home</small>			Secondary Phone # <small>check one: Cell Work Home</small>		Email		

## Availability

Do you now work for the	State of NC or	local government entity within NC?	Yes	No
Are you a layoff candidate with the State of NC eligible for RIF priority reemployment consideration as described by GS126?	Yes	No	Notification Date: _____	
Are you related by blood or marriage to any person now working for Jackson County?	Yes	No		
If Yes, give name, relationship and the department where employed: _____				
If subject to Military Selective Service registration individuals must certify compliance to be eligible for employment (GS143b-421.1). Initial to certify HERE: _____				
CHECK the types of work you will accept:	Permanent full-time	Permanent part-time	Temporary full-time	Temporary part-time
	Any of the preceding	Work involving travel	Shift or split shift work	
If you are not available for work now, enter the earliest date you could begin work (month/day/ year): _____				

**Position Applied For** \_\_\_\_\_

**Referral Source** \_\_\_\_\_

## Education

Entity	Name and Location	Graduate?	Major/Minor Course of Study	Type of Degree Earned
High School		Yes No		
GED		Yes No		
Technical, Trade, Community College		Yes No		
College/University		Yes No		
Graduate or Professional		Yes No		
Additional Education (vocational or internship)		Yes No		

## Specialized Training/Certifications/Licensures

Special training programs and seminars you have completed in the last five years (list):

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If the job applied for calls for specific courses, indicate those courses taken and credit received:

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<b>Specialized Training/Certifications/Licensures</b> (continued)	Last 4 digits of SSN	Last Name
Current professional status (list fields of work for which you have been registered):		
Registration: _____	State: _____	No. _____
Registration: _____	State: _____	No. _____
List equipment you are skilled to operate as it relates to the position and any computer software in which you are proficient:		
List other professional licensures, certifications, or registered fields of work (include date(s) and source(s) for issuance):		
Do you have a valid NC Driver License?      Yes      No		

### Military Service

Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training?	Yes	No
Do you wish to declare a service-connected disability?	Yes	No
At the time of this application, are you the surviving spouse or dependent of a deceased veteran who died from service-related reasons?	Yes	No
Do you wish to declare eligibility for veteran's preference as the spouse of a disabled veteran?	Yes	No
Give dates of your (or spouse's) qualifying active military service:		
Entered: _____	Separated: _____	Branch: _____ Rank: _____

### Criminal Background

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 (response required)
If Yes, explain fully on an additional sheet (required).		
Background checks are conducted prior to the initial appointment of an employee and conducted for all rehires.		

### Employment History – include volunteer experience. Use additional sheets if necessary. As you describe your work experiences, make sure you highlight your competencies which demonstrate your qualifications for the position for which you are applying.

Current or Last Employer			
Employer Mailing Address		City	State
Supervisor's Name		Supervisor's Phone Number	Supervisor's Email
Your Job Title:	# Supervised by You	Reason for Leaving	May We Contact the Employer? Yes      No
Date Employed (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:		
Date Separated (mo/yr)			
Starting Salary			
Ending Salary			
Full-Time <u>Years</u> <u>Months</u>			
Part-Time <u>Years</u> <u>Months</u>			
If Part-Time, number of hours per week:			

<b>Jackson County Application for Employment</b>		Last 4 digits of SSN	Last Name	
<b>Employment History Continuation Sheet</b>				
Former Employer				
Employer Mailing Address			City	State
Employer Mailing Address			City	State
Supervisor's Name		Supervisor's Phone Number		Supervisor's Email
Your Job Title:	# Supervised by You	Reason for Leaving		May We Contact the Employer?
				Yes No
Date Employed (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:			
Date Separated (mo/yr)				
Starting Salary				
Ending Salary				
<b>Full-Time</b> <u>Years</u> <u>Months</u>				
<b>Part-Time</b> <u>Years</u> <u>Months</u>				
If Part-Time, number of hours per week:				

Former Employer				
Employer Mailing Address			City	State
Employer Mailing Address			City	State
Supervisor's Name		Supervisor's Phone Number		Supervisor's Email
Your Job Title:	# Supervised by You	Reason for Leaving		May We Contact the Employer?
				Yes No
Date Employed (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:			
Date Separated (mo/yr)				
Starting Salary				
Ending Salary				
<b>Full-Time</b> <u>Years</u> <u>Months</u>				
<b>Part-Time</b> <u>Years</u> <u>Months</u>				
If Part-Time, number of hours per week:				

**Certification**

I hereby 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 (Authority: G.S. 126-30, G.S. 14-122.1).

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

<b>Jackson County Application for Employment</b>		Last 4 digits of SSN	Last Name	
<b>Employment History Continuation Sheet</b>				
Former Employer				
Employer Mailing Address			City	State
Employer Mailing Address			City	State
Supervisor's Name		Supervisor's Phone Number		Supervisor's Email
Your Job Title:	# Supervised by You	Reason for Leaving		May We Contact the Employer?
				Yes No
Date Employed (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:			
Date Separated (mo/yr)				
Starting Salary				
Ending Salary				
<b>Full-Time</b> <u>Years</u> <u>Months</u>				
<b>Part-Time</b> <u>Years</u> <u>Months</u>				
If Part-Time, number of hours per week:				

Former Employer				
Employer Mailing Address			City	State
Employer Mailing Address			City	State
Supervisor's Name		Supervisor's Phone Number		Supervisor's Email
Your Job Title:	# Supervised by You	Reason for Leaving		May We Contact the Employer?
				Yes No
Date Employed (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:			
Date Separated (mo/yr)				
Starting Salary				
Ending Salary				
<b>Full-Time</b> <u>Years</u> <u>Months</u>				
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If Part-Time, number of hours per week:				

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\_\_\_\_\_  
 Signature of Applicant  
 (unsigned applications will not be processed)

\_\_\_\_\_  
 Date

JACKSON COUNTY

# Equal Employment Opportunity Information

Jackson County recognizes its continued success in meeting the needs of its citizens requires the full and active participation of talented and committed individuals, regardless of their gender, race, color, creed, religion, national origin, age, disability, sexual orientation or political affiliation. 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. Birthdate is required.

**Birthdate** (required):

_____	_____	_____
Month	Day	Year

**Gender:**

Male

Female

**Ethnicity:**

- White (Non-Hispanic/Latino)
- Black or African American (Non-Hispanic/Latino)
- Asian
- American Indian or Alaskan Native
- Native Hawaiian or Other Pacific Islander
- Two or More Races (Non-Hispanic/Latino)
- Hispanic/Latino

**Disability:**

- Yes, I have a disability (or previously had a disability)
- No, I don't have a disability
- I don't wish to answer