EMPLOYMENT APPLICATION

State of North Carolina

NOTE: Apply to the department listed on posting

An Equal Opportunity Employer, North Carolina - State Government

http://www.oshr.nc.gov/jobs/index.html

Received:

For Official Use Only:

QUAL:_____

DNQ:_____

☐Experience

☐Training

☐Other:_____

MY INFORMATION

HOW DID YOU HEAR ABOUT US?	**Country**
NAME: (First Name, Last Name)	**Preferred Name**
ADDRESS: (Street, City, State/Province, Zip Code)	**Email Address**

PHONE : Device Type (Mobile/Landline)

COUNTRY PHONE CODE:	**PHONE NUMBER:**	**PHONE EXTENSION:**

MY EXPERIENCE

JOB TITLE	**COMPANY:**	**DATES: (From/To)**
Role Description		
I currently Work Here: ☐Yes ☐No		
JOB TITLE	**COMPANY:**	**DATES: (From/To)**
Role Description		
I currently Work Here: ☐Yes ☐No		
JOB TITLE:	**COMPANY:**	**DATES: (To/From)**
Role Description		
I currently Work Here: ☐Yes ☐No		

EDUCATION

SCHOOL OR UNIVERSITY NAME:	**SCHOOL TYPE:** ◯ **High School** ◯ **College/University** ◯ **Graduate/Professional** ◯ **Other (Vocational/Internship)**	**DEGREE:**
FIELD OF STUDY:	**OVERALL RESULT (GPA)**	**DATES: (To/From)**

EDUCATION (continued)		
SCHOOL OR UNIVERSITY NAME:	SCHOOL TYPE: ◯ High School ◯ College/University ◯ Graduate/Professional ◯ Other (Vocational/Internship)	DEGREE:
FIELD OF STUDY:	OVERALL RESULT (GPA)	DATES: (To/From)
SCHOOL OR UNIVERSITY NAME:	SCHOOL TYPE: ◯ High School ◯ College/University ◯ Graduate/Professional ◯ Other (Vocational/Internship)	DEGREE:
FIELD OF STUDY:	OVERALL RESULT (GPA)	DATES: (To/From)

CERTIFICATES AND LICENSES	
CERTIFICATION (ATTACH COPIES OF CERTIFICATION WITH JOB APPLICATION:	CERTIFICATION NUMBER:
ISSUE DATE:	EXPIRATION DATE:
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ISSUE DATE:	EXPIRATION DATE:
CERTIFICATION (ATTACH COPIES OF CERTIFICATION WITH JOB APPLICATION:	CERTIFICATION NUMBER:
ISSUE DATE:	EXPIRATION DATE:

SKILLS		
SKILLS:		
LANGUAGE:	I AM FLUENT IN THIS LANGUAGE: ◯ Yes ◯ No	
COMPREHENSION: (Beginner, Intermediate, Advanced, Fluent)	OVERALL: (Beginner, Intermediate, Advanced, Fluent)	
READING:	WRITING:	SPEAKING:

ATTACH RESUME/CV TO EMAIL WITH JOB APPLICATION.

Statewide Primary Questionnaire

1. Are you legally authorized to work in the United States? ◯ Yes ◯ No

2. Will you now or in the future require sponsorship for employment visa status? ◯ Yes ◯ No

3. In addition to your application being considered for this position, your application may be reviewed by HR representatives at all state agencies for a period of 120 days for possible consideration for future vacancies within the same classification series. (Note: This could include lower-level positions within the same series.) Please note, even though your application may be reviewed for consideration, this does not guarantee you will be within the pool of most qualified applicants for any position. Additionally, even though your application may be reviewed for consideration, the best way to ensure consideration for a particular position is to apply for that position. Do you want your application to be considered for future vacancies within the same classification series? ◯ Yes ◯ No

4. For the jobs you listed in your work history, were any of the jobs less than 40 hours per week? ◯ Yes ◯ No

5. If applicable, please list each job that was less than 40 hours per week along with the number of hours per week. Include the employer and the position.

6. Effective July 1, 2025, candidates qualify for a position if they meet the minimum education and experience listed in the class specification. The knowledge, skills, and abilities included in the vacancy announcement are considered management preferences and are used to identify the most qualified applicant pool. I understand that my application must include a complete work history in the "Work Experience" section, all education in the "Education" section, and any credentials in the "Certificates and Licenses" section. I also understand that a resume cannot be used in place of completing these sections. In addition, I understand that the supplemental questions are part of the application process and that my responses will be used in screening; therefore, all questions must be answered fully and accurately. ◯ Yes ◯ No

7. Please enter the last 4 digits of your social security number.

8. Are you currently employed by the State of North Carolina? ◯ Yes ◯ No

- **a.** If so, please indicate the agency/university for which you currently work:

9. Are you a layoff candidate with the State of North Carolina eligible for RIF priority reemployment consideration as described by GS 126? ◯ Yes ◯ No

- **a.** Please indicate your date of written notification:

10. Are you related by blood or marriage to any person now working for the State? ◯ Yes ◯ No

- **a.** Please provide their name, relationship to you, and the agency where employed:

11. If you are subject to Military Selective Service Registration, certify your compliance by indicating below:

- **a.** ◯ Subject to Military Selective Service and have complied
- **b.** ◯ Subject to Military Selective Service and have not complied
- **c.** ◯ Not subject to Military Selective Service Registration

12. Do you wish to declare Veteran or National Guard preference? ◯ Yes ◯ No

- **a.** If you answered yes to the above question, select the option that qualifies you for Veteran or National Guard preference and attach a copy of your DD-214:
  - **a.** ◯ A veteran who served in the Armed Forces of the United States on active duty, for reasons other than training, and has been honorably discharged
  - **b.** ◯ Spouse of a disabled or deceased veteran
  - **c.** ◯ Dependent of a deceased veteran
  - **d.** ◯ A resident of North Carolina who is a current member in good standing of either the North Carolina Army National Guard or the North Carolina Air National Guard
  - **e.** ◯ A resident of North Carolina who is a former member of either the North Carolina Army National Guard or the North Carolina Air National Guard, whose discharge is under honorable conditions with a minimum of six years of creditable service
  - **f.** ◯ Spouse or dependent of a deceased member of the National Guard
  - **g.** ◯ Spouse of a service member who is serving in the Armed Forces of the United States on active duty

Voluntary Disclosures

- **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 (Authority: GS 126-30, GS 14-122.1). I also understand that it is my responsibility to update my contact information should there be any changes in my name, address, phone number, or e-mail address.** ◯ Yes ◯ No

Signature: Date:

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 the ethnicity question is optional. Birth date is required for correct input by our technicians of paper application content into our electronic application system, where birth date is required in order to save the application.

This information will not be forwarded to the hiring manager.

1) What is your date of birth? (xx/xx/xxxx)

2) What is your gender? ◯ Male ◯ Female

3) What is your ethnicity?

- ◯ American Indian or Alaska Native
- ◯ Asian
- ◯ Black or African American
- ◯ Native Hawaiian or Other Pacific Islander
- ◯ Two or More Races
- ◯ White

4) Hispanic or Latino? ◯ Yes ◯ No