APPLICATION FOR EMPLOYMENT

INSTRUCTIONS:

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

You must be a U.S. citizen or a foreign national who can provide proof of identity and work authorization within 3 business days of starting employment.

When completing this application make sure you:

- **Complete the equal opportunity information section.**
- **Apply for one vacancy per application.**
- **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 employment. Local Governments in North Carolina hire 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.

Equal Employment Opportunity Information

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 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.

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

Month_____ Day___

☐ Male
☐ Female

Revised Nov 2026

APPLICATION FOR EMPLOYMENT

Local Government | Date of Application

Last 4 digits of Social Security No.	Last Name	First Name	Middle Name

Address (Street number and name)	City

County	State	Zip Code

Phone number where you can be reached	Email address

Availability
Do you now work for the State of NC or a Local County Agency?
☐ YES ☐ NO

If subject to Military Selective Service registration, certify compliance by initialing dotted line
.....

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 _____

AGENCY USE ONLY: ELIGIBILITY FOR VETERAN'S PREFERENCE: ☐ 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 specific title and vacancy number of the job for which you are applying.

Job Title:_____ Vacancy Number: _____

Referral Source
Please indicate your referral source: _____
If you were referred by NC Workforce Solutions please indicate which local office:

Education
Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 Graduate School 1 2 3 4
Under S/Q Hrs., list the hours of credit received and if they were semester (S) or quarter (Q) hours.

Schools	Name and Location	Dates Attended (mo./yr.) From: To:	Grad?	S/Q Hrs.	Major/Minor Course Work	Type of Degree Received
High School			YES ☐ NO ☐			
College(s) University (s)			YES ☐ NO ☐			
Graduate or Professional			YES ☐ NO ☐			
Other educational, vocational school, internships, etc.			YES ☐ NO ☐			

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

If the job(s) applied for calls for specific courses, indicate those courses taken and credits received:

Current professional status: (List fields of work for which you have been registered)
Registration:_____ State:_____ No._____
Registration:_____ State:_____ No._____

DO NOT COMPLETE THIS BLOCK
DEGREES AND PROFESSIONAL CREDENTIALS
☐ Have been verified
☐ Will be verified within 90 days (G.S. 126-30)
Person Responsible:

Other Licenses and certifications, including Driver License and State, if any (List, giving dates and sources of issuance):

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 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.)	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:				

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, 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 _____

WORK HISTORY CONTINUATION (PD107-A)

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 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.)	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:			
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:			