

**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**

<b>HOW DID YOU HEAR ABOUT US?</b>		<b>COUNTRY:</b>	
<b>NAME:</b> (First Name, Last Name)		<b>PREFERRED NAME:</b>	
<b>ADDRESS:</b> (Street, City, State/Province, Zip Code)		<b>EMAIL ADDRESS:</b>	
		<b>PHONE TYPE:</b> (Mobile/Landline)	
<b>COUNTRY PHONE CODE:</b>	<b>PHONE NUMBER:</b>	<b>PHONE EXTENSION:</b>	

**MY EXPERIENCE**

<b>JOB TITLE:</b>	<b>COMPANY:</b>	<b>DATES:</b> (From/To)
<b>ROLE DESCRIPTION:</b>		
I currently work here: <input type="checkbox"/> Yes No		
<b>JOB TITLE:</b>	<b>COMPANY:</b>	<b>DATES:</b> (From/To)
<b>ROLE DESCRIPTION:</b>		
I currently work here: <input type="checkbox"/> Yes No		
<b>JOB TITLE:</b>	<b>COMPANY:</b>	<b>DATES:</b> (From/To)
<b>ROLE DESCRIPTION:</b>		
I currently work here: <input type="checkbox"/> Yes No		

**EDUCATION**

<b>SCHOOL OR UNIVERSITY NAME:</b>	<b>SCHOOL TYPE:</b> <input type="checkbox"/> High School <input type="checkbox"/> College/University <input type="checkbox"/> Graduate/Professional <input type="checkbox"/> Other (Vocational/Internship)	<b>DEGREE:</b>
<b>FIELD OF STUDY:</b>	<b>OVERALL RESULT:</b> (GPA)	<b>DATES:</b> (From/To)

**EDUCATION (continued)**

<b>SCHOOL OR UNIVERSITY NAME:</b>			<b>SCHOOL TYPE:</b> <input type="checkbox"/> High School <input type="checkbox"/> College/University <input type="checkbox"/> Graduate/Professional <input type="checkbox"/> Other (Vocational/Internship)		<b>DEGREE:</b>
<b>FIELD OF STUDY:</b>		<b>OVERALL RESULT: (GPA)</b>		<b>DATES: (From/To)</b>	
<b>SCHOOL OR UNIVERSITY NAME:</b>			<b>SCHOOL TYPE:</b> <input type="checkbox"/> High School <input type="checkbox"/> College/University <input type="checkbox"/> Graduate/Professional <input type="checkbox"/> Other (Vocational/Internship)		<b>DEGREE:</b>
<b>FIELD OF STUDY:</b>		<b>OVERALL RESULT: (GPA)</b>		<b>DATES: (From/To)</b>	

**CERTIFICATES AND LICENSES**

<b>CERTIFICATION (ATTACH COPIES OF CERTIFICATION WITH JOB APPLICATION):</b>		<b>CERTIFICATION NUMBER:</b>	
<b>ISSUE DATE:</b>		<b>EXPIRATION DATE:</b>	
<b>CERTIFICATION (ATTACH COPIES OF CERTIFICATION WITH JOB APPLICATION):</b>		<b>CERTIFICATION NUMBER:</b>	
<b>ISSUE DATE:</b>		<b>EXPIRATION DATE:</b>	
<b>CERTIFICATION (ATTACH COPIES OF CERTIFICATION WITH JOB APPLICATION):</b>		<b>CERTIFICATION NUMBER:</b>	
<b>ISSUE DATE:</b>		<b>EXPIRATION DATE:</b>	

**SKILLS**

<b>SKILLS:</b>			
<b>LANGUAGE:</b>		<b>I AM FLUENT IN THIS LANGUAGE:</b>	
		<p style="text-align: center;">Yes <span style="margin-left: 200px;">No</span></p>	
<b>COMPREHENSION: (Beginner, Intermediate, Advanced, Fluent)</b>		<b>OVERALL: (Beginner, Intermediate, Advanced, Fluent)</b>	
<b>READING:</b>	<b>WRITING:</b>	<b>SPEAKING:</b>	

**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, the position, and how many hours per week you worked.
6. Please enter the last 4 digits of your social security number.
7. 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:
8. 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:
9. 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:
10. If you are subject to Military Selective Service Registration, certify compliance by indicating below:
  - Subject to Military Selective Service and have complied
  - Subject to Military Selective Service and have not complied
  - Not subject to Military Selective Service Registration
11. Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training?  Yes  No
12. Do you wish to declare eligibility for Veteran's Preference?  Yes  No
  - a. If so, please attach a copy of your DD-214.
13. Do you wish to declare eligibility for veterans' preference as the spouse of a disabled veteran?  Yes  No
14. Do you wish to declare eligibility for veterans' preference as the surviving spouse or dependent of a deceased veteran who died for service-related reasons?  Yes  No

15. Do you wish to declare eligibility for veterans' preference as a veteran or spouse of a veteran who suffered a service-connected disability?  Yes  No
- a. If so, please provide the entry and separation dates of your (or spouse's) qualifying active military service, branch of service, and rank.
16. Do you wish to declare eligibility for National Guard preference?  Yes  No
17. Do you wish to declare eligibility for National Guard preference as 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?  Yes  No
- a. If so, please attach a copy of the NGB 23A (RPAS).
18. Do you wish to declare eligibility for National Guard Preference and are 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?  Yes  No
- a. If so, please attach a copy of the DD256 or NGB 22.
19. Do you wish to declare eligibility for National Guard preference as the surviving spouse or dependent of a member of the North Carolina Army National Guard or the North Carolina Air National Guard who died on State active duty either directly or indirectly as a result of that service?  Yes  No
20. Do you wish to declare eligibility for Veteran's Preference as the surviving spouse or dependent of a member of the North Carolina National Guard who died for service-related reasons during peacetime?  Yes  No

**Voluntary Disclosures**

- o 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 gender?    Male    Female

2) 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

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