



HERTFORD

C O U N T Y

North Carolina



APPLICATION FOR EMPLOYMENT

The County of Hertford maintains the policy of providing equal employment opportunities for all persons regardless of race, color, religion, sex, national origin, handicap, age, political affiliation, or any other non-merit factor. An Equal Opportunity Employer.

APPLICANT INFORMATION

Position Applied for: _____ Date Available for Work: _____

Last Name: _____ First Name: _____ Middle: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Primary Phone # _____ Secondary Phone # _____

Are you a U.S. Citizen? Yes No If no, are you authorized to work in the U.S.? Yes No

Have you ever been convicted of a felony? Yes No If yes, explain: _____

Have you ever worked for this company? Yes No If yes, when? _____

Do you have any immediate family that works for Hertford County including Elected Officials? Yes No

If yes, please list their name(s) and relationship to you? _____

EDUCATION

High School: _____ Location: _____

From: _____ To: _____ Did you graduate? Yes No

College: _____ Location: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

Other: _____ Location: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

Other training, certifications or licenses held: _____

REFERENCES

Please list three **PROFESSIONAL** references

Name: _____ Title: _____ Company: _____

Phone Number: _____ Email: _____

Name: _____ Title: _____ Company: _____

Phone Number: _____ Email: _____

Name: _____ Title: _____ Company: _____

Phone Number: _____ Email: _____

EMPLOYMENT

Please make sure to list all full-time and part-time employment history. List any gaps in employment over 90 days and reason. Make a copy of this page as needed to make sure all employment is listed and sign each page.

Employer: _____ Start Date: _____ End Date: _____

Job Title: _____ Employment Type: Part-time Full-Time

Supervisor: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Duties: _____

Reason for Leaving: _____ May we contact this employer? Yes No

Employer: _____ Start Date: _____ End Date: _____

Job Title: _____ Employment Type: Part-time Full-time

Supervisor: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Duties: _____

Reason for Leaving: _____ May we contact this employer? Yes No

Employer: _____ Start Date: _____ End Date: _____

Job Title: _____ Employment Type: Part-time Full-time

Supervisor: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Duties: _____

Reason for Leaving: _____ May we contact this employer? Yes No

HERTFORD COUNTY APPLICATION FOR EMPLOYMENT

ACKNOWLEDGMENT AND SIGNATURE PAGE

Supplemental Question: I understand in order to be qualified for this position, the description of my work experience must clearly reflect the required education and experience as well as the posted knowledge, skills, and abilities for this position. I have included all of this information within my application. (If you haven't completed the application requirements, please return to your application to finish it before submitting your application.)

YES

NO

ACKNOWLEDGEMENT AND AUTHORIZATION

PLEASE INITIAL: (Must be original signature, not typed)

_____ I certify that all answers given herein are true and complete to the best of my knowledge.

_____ I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

_____ In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature: _____

Date: _____
