

# McDowell County Application for Employment



RETURN TO: MCDOWELL COUNTY HUMAN RESOURCES  
60 EAST COURT STREET, MARION, NC 28752  
PHONE 828/652-7121 FAX 828/659-3484

## INSTRUCTIONS TO APPLICANTS

**THANK YOU FOR YOUR INTEREST IN MCDOWELL COUNTY EMPLOYMENT. IT IS OUR INTENT TO FIND THE BEST QUALIFIED PEOPLE AVAILABLE TO SERVE OUR CITIZENS; ALTHOUGH EVERYONE WHO APPLIES CANNOT BE HIRED, YOUR APPLICATION WILL BE GIVEN EVERY CONSIDERATION.**

**PLEASE ANSWER ALL QUESTIONS AND COMPLETE ALL SECTIONS OF THIS APPLICATION FORM.**

MCDOWELL COUNTY EMPLOYS ONLY UNITED STATES CITIZENS OR ALIENS WHO CAN PROVIDE PROOF OF IDENTITY AND WORK AUTHORIZATION WITHIN 3 WORKING DAYS OF EMPLOYMENT.

### WHEN COMPLETING THIS APPLICATION, PLEASE MAKE SURE YOU

- COMPLETE THE SECTION FOR EQUAL OPPORTUNITY INFORMATION.
- 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.
- 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.

(Based on PD 107, Rev 1/28/2022)

### Equal Opportunity Information

Our policy prohibits discrimination based on race, sex, color, creed, national origin, age or disability. Sex, age or absence of disability is a bona fide occupational qualification in a small number of County jobs. The information requested below will in no way affect you as an applicant. Its sole use will be to see how well our recruitment efforts are reaching all segments of the population.

#### Email Address

#### Gender

Male

Female

#### Ethnic Group

1. White (non-Hispanic)
2. Black (non-Hispanic)
3. Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race)
4. Asian (including Pacific Islander)
5. American Indian (including Alaskan native)

<b>APPLICATION FOR EMPLOYMENT</b>				<b>McDowell County North Carolina</b>	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 (Home or where you can be reached) _____		Cell Phone _____
<b>Availability</b> Do you now work for McDowell County? <input type="checkbox"/> YES <input type="checkbox"/> NO		Are you related by blood or marriage to any person now working for McDowell County <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give name, relationship to you and the agency where employed.			If subject to Military Selective Service registration, certify compliance by initialing dotted line .....	
<b>Military Service</b> Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training? <input type="checkbox"/> YES <input type="checkbox"/> NO Do you wish to declare a service-connected disability? <input type="checkbox"/> YES <input type="checkbox"/> NO At the time of this application, are you the surviving spouse or dependent of a deceased veteran who died from service-related reasons? <input type="checkbox"/> YES <input type="checkbox"/> NO Do you wish to declare eligibility for veterans preference as the spouse of a disabled veteran? <input type="checkbox"/> YES <input type="checkbox"/> NO Give dates of your (or spouse's) qualifying active military service: Entered: _____ Separated: _____ Branch: _____ Rank _____						
CHECK the types of work you will accept: <input type="checkbox"/> 1. Permanent full-time <input type="checkbox"/> 2. Permanent part-time <input type="checkbox"/> 3. Temporary full-time <input type="checkbox"/> 4. Temporary part-time <input type="checkbox"/> 5. Any of the preceding <input type="checkbox"/> 6. Work involving Travel <input type="checkbox"/> 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.) _____						
<b>Job Applied For</b> Enter below the specific title(s) for the job(s) for which you are applying. Job Title: _____ Job Title: _____						
<b>Referral Source</b> Please indicate your referral source: _____						
<b>Education</b> Select 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? YES <input type="checkbox"/> NO <input type="checkbox"/>	S/Q Hrs.	Major/Minor Course Work	Type of Degree Received
High School			YES <input type="checkbox"/> NO <input type="checkbox"/>			
College(s) University (s)			YES <input type="checkbox"/> NO <input type="checkbox"/>			
Graduate or Professional			YES <input type="checkbox"/> NO <input type="checkbox"/>			
Other educational, vocational school, internships, etc.			YES <input type="checkbox"/> NO <input type="checkbox"/>			
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. _____		
Membership in professional, honorary, or technical societies (list):				<b>DO NOT COMPLETE THIS BLOCK</b> <b>DEGREES AND PROFESSIONAL CREDENTIALS</b> <input type="checkbox"/> Have been verified <input type="checkbox"/> Will be verified within 90 days (G.S. 126-30) Person Responsible:		

**Licenses and certifications (List, giving dates and sources of issuance):**

**SKILLS**

CHECK the following skills, experiences, etc., which you have:

- |  |                          |   |  |
|--|--------------------------|---|--|
| <input type="checkbox"/> Driver's License    | Number _____ State _____ | <input type="checkbox"/> Sign Language                              | <input type="checkbox"/> Legal transcription   |
| <input type="checkbox"/> Chauffeur's License | Number _____ State _____ | <input type="checkbox"/> Foreign language (specify) _____           | <input type="checkbox"/> Medical transcription |
| <input type="checkbox"/> Car for use at work |                          | <input type="checkbox"/> Adding Machine/calculator                  | <input type="checkbox"/> Braille               |
|  |                          | <input type="checkbox"/> Typing (specify WPM) _____                 | <input type="checkbox"/> Word Processing       |
|  |                          | <input type="checkbox"/> Shorthand/speedwriting (specify WPM) _____ | <input type="checkbox"/> Other _____           |

**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)	Starting Salary \$ _____ per	Ending or Current Salary \$ _____ per	Reason for Leaving	May We Contact Employer YES <input type="checkbox"/> NO <input type="checkbox"/>
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)	Starting Salary \$ _____ per	Ending or Current Salary \$ _____ per	Reason for Leaving	
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)	Starting Salary \$ _____ per	Ending or Current Salary \$ _____ per	Reason for Leaving	
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