



HALIFAX COUNTY HUMAN RESOURCES MANAGEMENT DEPARTMENT

Post Office Box 646
26 North King Street, Halifax, NC 27839-0646

Phone: (252) 583-1688
www.halifaxnc.com

Important – Please Read

Instructions for Completing the Halifax County Employment Application

1. **An application is required for each posting.**
2. Applications are fillable only and cannot be submitted electronically. Applications may be submitted to the Human Resources Management Department at 26 North King Street, Halifax, NC or mailed to Post Office Box 646, Halifax, NC 27839-0646 or faxed to (252) 583-1788 **by the closing date**, followed by the original via mail.
3. Complete dates of employment must be provided for each position showing **month** and **year**.
4. The Application and “Certification and Signature” sheet **MUST BE SIGNED** or the application will not be processed.
5. Proof of education is not required with every application. **It will be necessary to provide copy of proof of education if offered employment** (e.g. copy of diploma, GED, transcript). If applying for a Social Worker position, a copy of unofficial transcript must be provided at time of application. Also, copies of certifications or licenses necessary for specific positions are required with an application (e.g. Nursing License, EMT Certification, etc.).
6. If a typing test is required, it may be taken at any North Carolina Employment Security Commission office that administers test, prior to submitting an application.
7. To list all applicable employment, a continuation sheet may be attached or added to the application.
8. Resumes may be included with application as supplement material, **BUT** not as a replacement for information requested on the Work History.
9. Applications received unsigned, incomplete or postmarked after the closing date will **NOT** be considered. An application must be completed for **EACH** posting, as applications are not kept on file.
10. Applications are accepted only for vacancies currently advertised. To view job vacancies, visit the Halifax County Human Resources Management Department, 26 North King Street, Halifax, NC 27839, the Employment Security Commission and the website at www.halifaxnc.com.
11. Applications from qualified applicants are forwarded to the hiring department for review. If you are selected for an interview, you will be contacted either by mail or by telephone; otherwise you will not be contacted until the position is filled.



HALIFAX COUNTY GOVERNMENT

APPLICATION FOR EMPLOYMENT

P. O. Box 646, 26 North King Street, Halifax, NC 27839-0646
(252) 583-1688

1. POSITION VACANCY INFORMATION

Position Title _____ Vacancy Posting Number _____

2. PERSONAL DATA

_____ Last Name _____ First Name _____ MI _____

_____ Mailing Address _____ Apt# _____

_____ City _____ State _____ Zip Code _____

Telephone (including area code): _____ Home _____ Cellular _____

_____ Other name(s) worked under _____ SSN Last 4 digits _____ Email _____

3. EMPLOYMENT TYPE AND AVAILABILITY

- a. Are you now or were you ever employed by Halifax County Government? Yes No
- b. If yes, when and what position _____
- c. Please check all types of work you will accept:

- Temporary Seasonal Volunteer
- Full-Time Part-Time Other _____

When will you be available for work? _____

North Carolina General Statutes 143B-421.1 prohibits local governments from employing anyone who has not complied with Selective Service Registration regulations. Federal Law requires a male between the ages of 18 and 25 to be registered for Selective Service. If this law applies to you, are you in compliance? Yes No

Are you authorized to work in the United States? Yes No

4. EQUAL OPPORTUNITY EMPLOYER

Qualified applicants are considered for positions without regard to race, color, religion, gender, national origin, age, disability, or any other legally protected status. Equal access to programs, services and employment is available to all persons. Applicants requiring reasonable accommodations to the application and/or interview process should notify a representative of the Human Resources Management Department.

5. EDUCATION (GIVE COMPLETE EDUCATIONAL HISTORY)

a. High School

Indicate highest grade completed: _____

Name and Address of School _____ Zip Code _____

Did you graduate? Yes No If no, have you received a GED high school equivalency? Yes No

Dates Attended _____

b. Colleges and Universities

Indicate highest degree (s) obtained (e.g. A.A., B.S.): _____

Name and Address of College or University _____ Zip Code _____

Major _____ Minor _____

Major Semester/Quarter Credit Hours _____ Dates Attended _____

c. Graduate or Professional

Indicate highest degree (s) obtained (e.g., A.A., B.S.): _____

Name and Address of College or University _____ Zip Code _____

Major _____ Minor _____

Major Semester/Quarter Credit Hours _____ Dates Attended _____

d. Community College/Technical School

Indicate highest degree (s) obtained (e.g., A.A.): _____

Name and Address of College/Technical School _____ Zip Code _____

Major _____ Minor _____

Major Semester/Quarter Credit Hours _____ Dates Attended _____

6a. SKILLS AND QUALIFICATIONS

Please check job-related skills acquired:

- | | |
|--|---|
| <input type="checkbox"/> Driver's License # <input type="text"/> | <input type="checkbox"/> Word Processing |
| <input type="checkbox"/> Commercial Driver's License | <input type="checkbox"/> Spreadsheets |
| <input type="checkbox"/> Car for use at work | <input type="checkbox"/> Computer Hardware |
| <input type="checkbox"/> Sign Language | <input type="checkbox"/> Computer Software |
| <input type="checkbox"/> Transcription | <input type="checkbox"/> Desktop Publishing/Graphics |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Database Design |
| <input type="checkbox"/> Typing <input type="text"/> w.p.m. | <input type="checkbox"/> Calculator/Adding Machine (10-key) |

Describe any job-related training received in the United States Military:

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6b. LANGUAGE CAPABILITIES

List the languages you speak, read and write

	Speak	Read	Write
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6c. TRAINING

List only the specific courses, workshops, training you have taken that are related to the position for which you are applying:

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7. WORK HISTORY

List your employment history starting with your present or most recent employer including military, part-time, summer employment, and significant volunteer work. Please include all additional experience related to the position (s) for which you are applying. If necessary, use a blank sheet as a continuation sheet.

Current or Last Employer			Address			Phone		
Job Title			Supervisor's Name			Number you supervised		
Date Employed (mo/yr)		Starting Salary \$ mo/yr		Ending Salary \$ mo/yr		Reason for Leaving		Contact Employer <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Separated (mo/yr)		Duties:						
Full Time <input type="checkbox"/>		Yrs		Mo				
Part Time <input type="checkbox"/>		Yrs		Mo				
If part time, number hours worked per week:								
Current Employer			Address			Phone		
Job Title			Supervisor's Name			Number you supervised		
Date Employed (mo/yr)		Starting Salary \$ mo/yr		Ending Salary \$ mo/yr		Reason for Leaving		Contact Employer <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Separated (mo/yr)		Duties:						
Full Time <input type="checkbox"/>		Yrs		Mo				
Part Time <input type="checkbox"/>		Yrs		Mo				
If part time, number hours worked per week:								

7. WORK HISTORY CONTINUATION

List your employment history starting with your present or most recent employer including military, part-time, summer employment, and significant volunteer work. Please include all additional experience related to the position (s) for which you are applying. If necessary, use a blank sheet as a continuation sheet.

Current or Last Employer		Address		Phone	
Job Title		Supervisor's Name		Number you supervised	
Date Employed (mo/yr)	Starting Salary \$ mo/yr	Ending Salary \$ mo/yr	Reason for Leaving	Contact Employer <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Separated (mo/yr)	Duties:				
Full Time <input type="checkbox"/>	Yrs	Mo			
Part Time <input type="checkbox"/>	Yrs	Mo			
If part time, number hours worked per week:					
Current Employer		Address		Phone	
Job Title		Supervisor's Name		Number you supervised	
Date Employed (mo/yr)	Starting Salary \$ mo/yr	Ending Salary \$ mo/yr	Reason for Leaving	Contact Employer <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Separated (mo/yr)	Duties:				
Full Time <input type="checkbox"/>	Yrs	Mo			
Part Time <input type="checkbox"/>	Yrs	Mo			
If part time, number hours worked per week:					

8. REFERENCES

PERSONAL REFERENCES – NO EMPLOYERS OR RELATIVES PLEASE

Name/Occupation	Address	Phone Number

9. CERTIFICATION AND SIGNATURE

I certify that all of the statements made in this application and any attached documents are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that any false statements or information shall be grounds for rejection of my application or dismissal if I am employed. (Authority: G.S. 126-30, G.S. 14-122.1) I also understand that as a condition of employment, I will be required to furnish documentation verifying my identity and eligibility to work in the United States. I permit the County to conduct a police and court records investigation of my background if relevant to the job for which I am applying.

Applicant's Signature

Date

***APPLICATION WILL NOT BE PROCESSED IF NOT SIGNED**

CONFIDENTIAL DATA SHEET

For Equal Employment Opportunity Information
For HRM Purposes Only

Halifax County is an equal opportunity employer. As part of the County's Equal Opportunity Program, the Federal government requires us to compile summary data about applicants. This Confidential Data Sheet is intended to help collect this information.

All responses are completely **voluntary** and will be used for statistical analysis only. Refusal to provide it will not subject you to any adverse or disciplinary action. This sheet will be removed by HRM and kept confidential in a secured environment with limited access.

Please complete the following:

Name: _____

Date: _____

Gender: Female Male

Department: _____

Vacancy Posting Number: _____

Ethnic Background

- | | | |
|---|--|--|
| <input type="checkbox"/> White (non Hispanic origin) | <input type="checkbox"/> Black/African American (non Hispanic origin) | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Hispanic (Mexican, Puerto Rican, Cuban, Central/South American, Latino, regardless of race) | <input type="checkbox"/> Native American or Alaska Native (not Hispanic or Latino) |
| <input type="checkbox"/> Two or more Races (not Hispanic or Latino) | | |

Veteran

- V. Vietnam Era Veteran – “a person (1) who served on active duty between 9-5-64 and 5-7-75 for a period of more than 180 days, and any part of which occurred during the Vietnam era, and was discharged or released therefrom with other than a dishonorable discharge, or (ii) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed during the Vietnam era, and (2) who was so discharged or released within 48 months preceding his application for employment covered under the Act”.
- D. Disabled Veteran – “a person entitled to disability compensation under laws administered by the Veterans Administration for a disability rated at 30 percent or more, or rated at 10 to 20 percent in the case of a veteran who has been determined to have a serious employment handicap (section 1506 of Title 38) or a person who was discharged from active duty because of a service-connected disability”.
- B. Disabled Vietnam Era Veteran – Both of the above.

Disability

Note: Reporting any disability is voluntary.

Any person who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a record of such impairment, or (3) is regarded as having such an impairment.

- None/Prefer not report
- Blind or severely visually impaired
- Deaf or severely hearing impaired
- Loss or limited use of arms and/or hands
- Non-ambulatory (must use wheelchair)
- Semi-ambulatory (limited mobility, but wheelchair not needed)
- Respiratory impairment
- Nervous System/neurological disorder
- Mental Illness/emotional disturbance
- Learning disability
- Other (specify): _____