Instructions for filling out this form.

You may either:

1) Print this form and fill it out by hand.

or

2) Click on File, then click on Save As (if you wish, you may enter a filename of your choosing) and click save to save the document. Then open the Word document, fill out the form then and print and save the document.

NOTE: This is a Word "form". If you would like to use the full features of the form, choose View, Toolbars, Forms. Then click on last tool (padlock) to Protect Form. Use Tab key to move easily from field to field, or use your mouse to click on just those fields you wish to fill out.

NOTE: If you receive a message indicating the margins of a section are outside the printable area of the page, click Yes and continue.

You do not need to return this page with your application.

CASWELL COUNTY GOVERNMENT Employment Application

Position Applied For			Position N	lumber				
First Name	MI	Last Name		SSN				
Address	City	Stat	te					
Zip Code	County	Daytime Phone		Evening Phone				
EDUCATION								
	High School	Vocational/ Technical	College/ University		Graduate/ Professional			
School Name and Location								
Did you Graduate?	☐ Yes ☐ No ☐ GED	□Yes □ No	□Yes □ No		☐Yes ☐ No			
Dates Attended								
Credit Hours								
Type Degree								
Course of Study/Major								
	cills you possess (typing wpm, s	istered, or certified. Give dates an shorthand, business machines, protection of the protection of the state of the shorthand.						
GENERAL INFORMATION Please Answer All Questions								
Do you currently work		yes	□ no					
Are you a former empl. If yes, indicate Dept.	yes	no						
Are you related by blood or marriage to any person currently employed by Caswell County? If yes, indicate Name, Dept., and Relationship								
• Have you ever worked under another name? (Used to verify work experience, education, etc.) ☐ yes ☐ no If yes, please list								
Are you legally eligible	yes	☐ no						
• Do you have a valid di		yes	□ no					
Have you ever been co If yes, please explain NOTE: A conviction of offense, rehabilits are applying for will	yes	□ no						
When will you be available to begin work (mo/day/yr)?								

EMPLOYMENT HISTORY

PLEASE READ CAREFULLY

Using a separate section for each position, describe in detail ALL work experiences beginning with your present or most recent job. List all jobs you have held. Include periods of unemployment, military service, internships, and volunteer and summer work. Use additional "Continuation Sheets" if necessary. Be sure to indicate whether employment was full-time or part-time, and if part-time, state the average number of hours worked per week. Incomplete information will result in the disqualification of your application. List last job held first. DO NOT REFER TO RESUME.

Employer		Address				Phone	
Job Title		Supervisor's Nar	ne and Title			No. Supervised by You	
Date Employed (Mo/Yr)		Starting Salary:	\$ Per _		May We Co	ntact Employer?	
Date Separated (Mo/Yr)		Ending Salary:	\$ Per _		☐ yes	no	
☐ Full-time#years	#months	Part-time	# years	# months;	If Part-time,	# of hours worked per week	
Reason for Leaving/Wanting to	Leave:						
Description of Work:							
Employer		Address				Phone	
Job Title		Supervisor's Nar	ne and Title			No. Supervised by You	
Date Employed (Mo/Yr)	Starting Salary: \$	Per	May We	e Contact Emp	loyer?		
Date Separated (Mo/Yr)	Ending Salary: \$	Per	☐ yes		□ no		
☐ Full-time# years	#months	Part-time	# years	# months; l	If Part-time, #	of hours worked per week	
Reason for Leaving:							
Description of Work:							
_							
Employer		Address				Phone	
Job Title		Supervisor's Nar	me and Title			No. Supervised by You	
Date Employed (Mo/Yr)	Starting Salary: \$	Per	May Wo	e Contact Emp	loyer?		
Date Separated (Mo/Yr)	Ending Salary: \$	Per	☐ yes		□ no		
☐ Full-time# years	#months	Part-time	# years	# months; l	If Part-time, #	of hours worked per week	
Reason for Leaving:							-
Description of Work:							
							-

Employer	Ad	ldress				Phone
Job Title	Su	pervisor's Name an	d Title			No. Supervised by You
Date Employed (Mo/Yr)	Sta	arting Salary: \$	Per			May We Contact Employer?
Date Separated (Mo/Yr)	Ending Salary	: \$ Per		☐ yes		no
☐ Full-time#years	#months	Part-time#	years	# months; If Part-tir	ne, # of hours v	worked per week
Reason for Leaving:						
Description of Work:						
_						
References (Provide at least 3):						
Name:	Title or Occupation	Address			Phone Num	nber Number of Years Known
		CER'	TIFIC	ATION		
		CER	11110	AHON		
and belief and are made in go dismissal if I am employed. identity and eligibility to wo	ood faith. I understand I also understand that a rk in the United States.	that any false sta s a condition of a A background c	ntements my emplo heck of t	or information may oyment, I will be re ny driving, crimina	be grounds to quired to furi l, credit, or o	I correct to the best of my knowledge for rejection of my application, or nish documentation verifying my ther records may be conducted before if relevant to the job for which I am
licensing boards, and educate requested. I waive any right	ional institutions listed to legal claims against asses. Notwithstanding as	on my applicatio a disclosing pers ny provisions of	n, to pro on, empl Federal o	vide Caswell Count oyer, or institution or State law, I also v	ty Governmer and the prosp	ry, and other persons, registration and ont with any job-related information pective employer seeking and using the ght I may have to review confidential
I understand that Caswell C examination provided by Cas					s test, and ma	ay be required to pass a physical
I certify that if I am a male be Military Selective Service A		and 26, I am awa	re of and	in compliance with	ı all applicab	ole registration requirements of the
Signature of Applicant (Unsigned	applications will not be pro	cassad)			Date	

CASWELL COUNTY GOVERNMENT

Employment Application

Caswell County Government 144 Court Square Post Office Box 98 Yanceyville, NC 27379 Phone: 336-694-4193 FAX: 336-694-1228

WWW.CASWELLCOUNTYNC.GOV

APPLICATION INSTRUCTIONS PLEASE READ AND FOLLOW CAREFULLY

- Applications are accepted for current Caswell County vacancies only.
- A separate application must be completed for each position for which you apply.
- Please type or print application information. Use Black Ink ONLY to complete the application.
- Photocopies of the Application may be submitted with the current date, position desired, and an original signature.
- Resumes and cover letters may be submitted with the completed application for supplemental information.
- Incomplete applications will not be considered. Applications that are received unsigned, undated, incomplete, or after the closing date, will be eliminated from consideration. If sections do not apply, please place N/A in the blank.
- A completed Caswell County Employment Application must be either submitted to the Ashley Powell, Human Resources Director, by 5:00 pm or mailed to the above address and postmarked by 5:00 pm on the closing date to be considered for a current vacancy.
- You must apply for each vacancy for which you want to be considered.
- All applications become the property of Caswell County and cannot be returned.
- Caswell County Government is a drug free work place. All persons offered employment must have a negative drug test before being employed by Caswell County.

Caswell County is an equal opportunity employer.

It is the policy of Caswell County Government to prohibit discrimination on the basis of race, gender, creed, national origin, religion, age, or disability in employment or the provision of services.

Equal Employment / Applicant Data

Caswell County Government is an Equal Opportunity Employer. Caswell County Government prohibits discrimination based on race, gender, creed, national origin, religion, age, or disability in employment or the provision of services.

The information below is requested for data collection purposes and will be used only to evaluate how well our recruitment efforts are reaching all segments of the population.

The information on this form will in no way affect you as an applicant. This data will be physically separated from the remainder of your job application before the application is considered for possible employment.

We would appreciate you providing this information. However, completing this form is strictly voluntary. **Please return this section even if not completed.**

Date of Birth	//							
	(mo)	(day)	yr)					
Gender		Male						
		Female						
Ethnicity		White (Cau	ıcasian, No	on-Hispanic)				
		Black (African-American, Non-Hispanic)						
		Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race)						
	П	Asian (including Pacific Islander)						
		American Indian (including Alaskan native)						
Disability		Yes						
		No						
Note: A disal	oility is	any impairm	ent which	substantially limits a major life function.				
How did you become	aware o	of this positi	on?					
☐ Caswell Messenger Ne		1		☐ Employment Security Commission				
☐ Friend				☐ Employment Agency				
☐ County Employee				☐ Infotalk Jobline				
Caswell County Web S	Site			Trade Journal, which one				
☐ America's Job Bank				Other Internet site, which site				
☐ Other (please specify)								