

Hoke County Government

APPLICATION FOR EMPLOYMENT

(Please print or type)

PERSONAL DATA	FIRST NAME	MIDDLE NAME	LAST NAME	
	ADDRESS (Street number and name)		CITY	STATE ZIP CODE
	PHONE (Home or other number where you can be reached) ()		BUSINESS PHONE ()	

AVAILABILITY	<ul style="list-style-type: none"> Have you ever filed an application with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, give date _____ When are you available to begin employment? _____ Check the types of work you will accept: <ul style="list-style-type: none"> <input type="checkbox"/> Regular Full Time <input type="checkbox"/> Regular Part Time <input type="checkbox"/> Weekends <input type="checkbox"/> Temporary Full Time <input type="checkbox"/> Temporary Part Time <input type="checkbox"/> Any of the above <input type="checkbox"/> Rotating Shifts <input type="checkbox"/> Night Work Position applied for: _____
	<div style="display: flex; justify-content: space-around;"> <i>JOB NUMBER</i> <i>POSITION TITLE</i> </div>

EDUCATION	HIGH SCHOOL					VOCATIONAL / TECHNICAL SCHOOL		COLLEGE / UNIVERSITY				GRADUATE / PROFESSIONAL				
	School name and location	9	10	11	12	GED	1	2	1	2	3	4	1	2	3	4
Circle years completed	From	To					From	To	From	To			From	To		
Dates attended (mo/yr)																
List credit hours received (S) – Semester (Q) - Quarter																
Diploma /Degree received																
Course of study																

TRAINING	List fields of work for which you have been registered, licensed, or certified. (Including driving, Reg. and CDL)
	License: _____ State: _____ No: _____ Exp Date: _____ License: _____ State: _____ No: _____ Exp Date: _____
	List internships, specific courses, workshops, training and/or rotations you may have had that relate to the position you are applying for. Include credit hours or CEU's if applicable.

EMPLOYMENT HISTORY

Using a separate section for each position, describe in detail all work experience beginning with your present or most recent job. Include periods of unemployment, self-employment, military service, internship, and volunteer and summer work. Use additional "Continuation Sheets" if necessary. Be sure to indicate whether employment was a 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.

May we contact your present employer? Yes No

A	Employer: (Present or most recent)		Address:		Phone No:	
	Job Title:		Name of Supervisor:		No. supervised by you:	
	Date employed: (mo/yr)	Starting Salary		Ending Salary		Reason for leaving:
		\$ _____ per		\$ _____ per		
	Date separated: (mo/yr)	Job duties: (Be specific)				
	<input type="checkbox"/> Full-time _____ # Years _____ #Months <input type="checkbox"/> Part-time _____ # Years _____ #Months If part-time, number of hours per week _____					

B	Employer: (Present or most recent)		Address:		Phone No:	
	Job Title:		Name of Supervisor:		No. supervised by you:	
	Date employed: (mo/yr)	Starting Salary		Ending Salary		Reason for leaving:
		\$ _____ per		\$ _____ per		
	Date separated: (mo/yr)	Job duties: (Be specific)				
	<input type="checkbox"/> Full-time _____ # Years _____ #Months <input type="checkbox"/> Part-time _____ # Years _____ #Months If part-time, number of hours per week _____					

C	Employer: (Present or most recent)		Address:		Phone No:	
	Job Title:		Name of Supervisor:		No. supervised by you:	
	Date employed: (mo/yr)	Starting Salary		Ending Salary		Reason for leaving:
		\$ _____ per		\$ _____ per		
	Date separated: (mo/yr)	Job duties: (Be specific)				
	<input type="checkbox"/> Full-time _____ # Years _____ #Months <input type="checkbox"/> Part-time _____ # Years _____ #Months If part-time, number of hours per week _____					

D	Employer: (Present or most recent)		Address:		Phone No:	
	Job Title:		Name of Supervisor:		No. supervised by you:	
	Date employed: (mo/yr)	Starting Salary		Ending Salary		Reason for leaving:
		\$ _____ per		\$ _____ per		
	Date separated: (mo/yr)	Job duties: (Be specific)				
	<input type="checkbox"/> Full-time _____ # Years _____ #Months <input type="checkbox"/> Part-time _____ # Years _____ #Months If part-time, number of hours per week _____					

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Indicate skills, knowledge and abilities in the following areas which relate to the position you are applying for. Please check all that apply and that you would be able to use immediately upon employment.

- Typing _____ wpm
 - Shorthand _____ wpm
 - Transcription _____ wpm
 - Word Processing (specify equipment and software) _____
 - Computer Operations (specify equipment) _____
 - Computer Programming (specify languages and equipment) _____
 - Other _____
- Speedwriting _____ wpm
 - Data Entry _____ keystroke/hr.
 - Adding Machine/Calculator

CAUTION

When applying for a position with Hoke County, please confirm that the position has been posted and the closing date has not yet passed. Should you make application for a position that is currently not posted, your application will not be considered.

Date posted: _____

Closing date: _____

GENERAL INFORMATION	• Do you work for Hoke County Government? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, are you: <input type="checkbox"/> Regular <input type="checkbox"/> Temporary
	• Are you a former employee of Hoke County Government? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please indicate: Department _____ Date Separated _____
	• Are you related by blood or marriage to any person currently employed by Hoke County Government? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please indicate: Name _____ Department _____ Relationship _____
	• Are you legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
• If you are subject to Selective Service registration, are you in compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
• Have you ever been convicted of any unlawful offense, other than a minor traffic violation? Do not include information about expunged arrests, charges and convictions. Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please explain: _____	
NOTE: A conviction record will not necessarily exclude you from employment. Factors such as age at time of offense, rehabilitation efforts, how recent the offense was, nature of the crime and type of job for which you are applying will be considered.	
• Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	

REFERENCES	List three persons who are not related to you who have definite knowledge of your qualifications for the position for which you are applying such as co-workers, teachers, etc. DO NOT repeat the names of supervisors previously listed.												
	<table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">Name</td> <td style="width: 33%;">Address</td> <td style="width: 33%;">Phone</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	Name	Address	Phone	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Name	Address	Phone										
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CERTIFICATE OF APPLICANT

I certify that, to the best of my knowledge and belief, the statements given truly represent my background and experience. In addition, I give the following Authorization to Release Information. I hereby authorize my previous employers, personal references listed and other persons or institutions shown on my application to provide Hoke County any information requested. I further authorize Hoke County to conduct a Police and Court Records investigation of my background. I understand that false information may be grounds for rejection of my application and (or) dismissal if I am employed. I understand that failure to pay City or Hoke County taxes on a timely basis during the tenure of my employment is grounds for dismissal. I further understand that if I have delinquent City or Hoke County taxes at the time I am hired, my wages may be subjected to immediate garnishment by the County. A volunteer deduction option is available for the payment of taxes. I hereby grant permission to the Hoke County Personnel Department to release my Social Security Number to the Hoke County Tax Department. As a prerequisite to employment, I hereby agree to allow Hoke County to collect blood and/or urine samples from me to determine the presence of drugs or alcohol in my body. Further, I give my consent to the release of my test results to authorized Hoke County management for appropriate review. Further, I acknowledge that effective July 1, 2017 all new jailers hired will be compensated for overtime worked by compensatory time off at a rate of one-and-one half (1-1/2) hours for each hour of overtime.

Applicant's Signature *Date*

BEFORE SUBMITTING YOUR APPLICATION, PLEASE CHECK TO SEE IF YOU HAVE:

1. Listed the correct job number and position title.
2. Listed your phone number correctly or a number where you can be reached.
3. Given complete information on your education, training, and work experience.
4. Signed and dated your application. Unsigned applications **will not** be processed.

AN EQUAL OPPORTUNITY EMPLOYER