Wake County Personnel
P. O. Box 550
336 Fayetteville St. Mall - Suite 300
Raleigh, North Carolina 27602

WAKE COUNTY GOVERNMENT
APPLICATION FOR EMPLOYMENT
(PLEASE PRINT)

OFFICE: (919) 856-6090
FAX: (919) 856-6256
JOBLINE: (919) 856-6115
TDD: (919) 856-6753

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

- Have you ever filed an application with us before?   ☐ Yes   ☐ No   If YES, give date
- When are you available to begin employment?
- Check the types of work you will accept:

☐ Regular Full Time   ☐ Regular Part Time   ☐ Weekends

☐ Temporary Full Time   ☐ Temporary Part Time   ☐ Any of the above

☐ Rotating Shifts   ☐ Night Work

- Position Applied For

JOB NUMBER   *POSITION TITLE*

EDUCATION

	HIGH SCHOOL					VOCATIONAL/ TECHNICAL SCHOOL		COLLEGE/ UNIVERSITY				GRADUATE/ PROFESSIONAL			
School Name and Location															
Years Completed	9 ☐	10 ☐	11 ☐	12 ☐	GED ☐	1 ☐	2 ☐	1 ☐	2 ☐	3 ☐	4 ☐	1 ☐	2 ☐	3 ☐	4 ☐
Dates Attended (mo/yr)	From:			To:		From: To:		From: To:				From: To:			
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

Registration: State: No.:   Exp. Date:

Registration: 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, 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.

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: $ per	Ending Salary: $ per	Reason for Leaving:

Date Separated: (mo/yr)

Job Duties: (Be specific)

☐ Full-time   # Years   # Months

☐ 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: $ per	Ending Salary: $ per	Reason for Leaving:

Date Separated: (mo/yr)

Job Duties: (Be specific)

☐ Full-time   # Years   # Months

☐ 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: $ per	Ending Salary: $ per	Reason for Leaving:

Date Separated: (mo/yr)

Job Duties: (Be specific)

☐ Full-time   # Years   # Months

☐ 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: $ per	Ending Salary: $ per	Reason for Leaving:

Date Separated: (mo/yr)

Job Duties: (Be specific)

☐ Full-time   # Years   # Months

☐ Part-time   # Years   # Months

If part-time, number of hours per week

EMPLOYMENT HISTORY CONTINUED

E

Employer: (Present or most recent)	Address:	Phone No.:
Job Title:	Name of Supervisor:	No. Supervised by You:

Date Employed: (mo/yr)	Starting Salary: $ per	Ending Salary: $ per	Reason for Leaving:

Date Separated: (mo/yr)	Job Duties: (Be specific)
☐ Full-time # Years # Months	
☐ Part-time # Years # Months	
If part-time, number of hours per week	

F

Employer: (Present or most recent)	Address:	Phone No.:
Job Title:	Name of Supervisor:	No. Supervised by You:

Date Employed: (mo/yr)	Starting Salary: $ per	Ending Salary: $ per	Reason for Leaving:

Date Separated: (mo/yr)	Job Duties: (Be specific)
☐ Full-time # Years # Months	
☐ Part-time # Years # Months	
If part-time, number of hours per week	

SKILLS

Indicate skills, knowledges 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	☐ Speedwriting	wpm
☐ Shorthand	wpm	☐ Data Entry	keystrokes/hr.
☐ Transcription	wpm	☐ Adding Machine/Calculator	

☐ Word Processing (specify equipment and software)

☐ Computer Operations (specify equipment)

☐ Computer Programming (specify languages and equipment)

☐ Other

EMPLOYMENT HISTORY CONTINUATION SHEET

G

Employer: (Present or most recent)	Address:	Phone No.:
Job Title:	Name of Supervisor:	No. Supervised by You:

Date Employed: (mo/yr)	Starting Salary: $ per	Ending Salary: $ per	Reason for Leaving:

Date Separated: (mo/yr)	Job Duties: (Be specific)
☐ Full-time # Years # Months	
☐ Part-time # Years # Months	
If part-time, number of hours per week	

H

Employer: (Present or most recent)	Address:	Phone No.:
Job Title:	Name of Supervisor:	No. Supervised by You:

Date Employed: (mo/yr)	Starting Salary: $ per	Ending Salary: $ per	Reason for Leaving:

Date Separated: (mo/yr)	Job Duties: (Be specific)
☐ Full-time # Years # Months	
☐ Part-time # Years # Months	
If part-time, number of hours per week	

I

Employer: (Present or most recent)	Address:	Phone No.:
Job Title:	Name of Supervisor:	No. Supervised by You:

Date Employed: (mo/yr)	Starting Salary: $ per	Ending Salary: $ per	Reason for Leaving:

Date Separated: (mo/yr)	Job Duties: (Be specific)
☐ Full-time # Years # Months	
☐ Part-time # Years # Months	
If part-time, number of hours per week	

J

Employer: (Present or most recent)	Address:	Phone No.:
Job Title:	Name of Supervisor:	No. Supervised by You:

Date Employed: (mo/yr)	Starting Salary: $ per	Ending Salary: $ per	Reason for Leaving:

Date Separated: (mo/yr)	Job Duties: (Be specific)
☐ Full-time # Years # Months	
☐ Part-time # Years # Months	
If part-time, number of hours per week	

GENERAL INFORMATION

• Do you work for Wake County Government?	☐ No	☐ Yes
If yes, are you: ☐ Regular ☐ Temporary		
• Are you a former employee of Wake County Government?	☐ No	☐ Yes
If yes, please indicate: Department: Date separated:		
• Are you related by blood or marriage to any person currently employed by Wake County Government?	☐ No	☐ Yes
If yes, please indicate: Name: Department: Relationship:		
• Are you legally eligible to work in the United States?	☐ No	☐ Yes
• If you are subject to Selective Service registration, are you in compliance?	☐ No	☐ Yes
• Do you have a valid driver's license?	☐ No	☐ Yes

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.

Name	Address	Phone

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 Wake County any information requested. I further authorize Wake 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 if I have any outstanding City and Wake County taxes at the time I am hired, my wages will be subject to immediate garnishment by the County. **I further understand that, if employed in a grant funded position, my continued employment is contingent upon availability of funds and my position will be abolished when the grant expires unless alternate funding is secured.**

_____   _____

Applicant's Signature   *Date*

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

1. Listed the 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

20.012-7/18/96