

STOKES COUNTY APPLICATION FOR EMPLOYMENT

PERSONNEL DEPARTMENT

MAILING ADDRESS: Stokes County Personnel Department Post Office Box 20 Danbury, North Carolina 27016 LOCATION: Stokes County Administration Building 1014 Main Street Danbury, North Carolina 27016

QUALIFIED APPLICANTS ARE CONSIDERED FOR POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL STATUS OR DISABILITY

Special Notification: Effective November 9, 2009, Applicants who are requested to interview for a county position shall be required to submit a certified copy of a criminal record check from all counties in which they have lived for the previous five years. A Criminal record check will be obtained by County Clerk of Court's Office prior to any interviews conducted. Any applicants residing outside of Stokes County at the time of interview or within the past 5 years will need to obtain a criminal record check from those counties,. A criminal record check can be obtained from the County Clerk of Court's Office in each county in which you resided in during the previous five years.

ANSWER ALL QUESTIONS - PLEASE PRINT OR TYPE YOUR NAME

	POSITION APP	LIED FOR	_	_	DATE
NAME					
(Last)		(First)			(Middle)
PRESENT MAILING ADDRESS		(City	<u>'</u>)	(State)	(Zip Code)
PERMANENT MAILING ADDRESS (If different)		(City	′)	(State)	(Zip Code)
TELEPHONE NUMBER					
	(Area Code)	(Home)	(Business)		(Other-Indicate whose number)
Email Address (Optional):					

Please be sure that you complete all sections of this application completely and accurately to the best of your ability. Your application will be used as a part of the examination process and, therefore, should represent your best effort. (For some positions, you may be asked to complete a supplemental application.) **Resumes may be attached to a completed Stokes County Application.**

THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER

					EDUCATIONAL I	HISTORY				
Circle highest gra	ade completed : 1	1 2 3	4 5	6 7 8	8 9 10 11	12 GED Colle	ege: 1 2	3 4 Gradu	uate School	: 1 2 3 4
Schools	Name and Lo	ocation	Dates A	Attended n / To	Graduate Yes/No Year	Sem/Qtr Hours	Major/N	linor Course W	/ork	Type Degree
High School										
College or University										
Graduate or Professional										
Other educational vocational school internships, etc.										
	SKIL	LS					ADDITIONA	AL SKILLS		
Sign Language S Braille Skills Chauffeur's Licer Car for use at wo Valid Driver's Licer Foreign Language Have you ever be recently you were	nse prk ge (Specify) een convicted of are convicted will be convicted w	Calculator Typing (spi Shorthand, Legal Tran Medical Tra Other n offense aga evaluated in	pecify WPM) //Speedwritinscription ranscription ainst the law relation to te	ting or other than the job for very	dates, issuance, ar	ying.) Check one T DATA cent employer and	ion does not me	<mark>ean you cannot l</mark> NO If YES , exp	be hired. Th	he offense and how an additional sheet.
Current or Last Employer			1					tle	Supervisor Name	
· , , , , , , , , , , , , , , , , , , ,		th Year / Mo		# of Emp		Salary	(Check		y we contact your Employer? eck One) YES NO	
Start Date	End Date	Full Time	Part Time	Hrs/Week	by You	Starting		Ending	1 '	relephone #
						Per	 Reason for Lea	Per		
Duties :							10000110			
1										

Employment Length Year / Months Start Date End Date Full Time Part Time Hrs/Week Duties: Reason for Leaving: Employment Length Year / Months Employment Length Year / Months Start Date End Date Full Time Part Time Hrs/Week Starting Ending Per Per Reason for Leaving: Reason for Leaving: Start Date End Date Full Time Part Time Hrs/Week Start Date End Date Full Time Part Time Hrs/Week Per Salary Starting Salary May we contact your Employer Starting Ending Starting Ending Starting Ending Starting Ending Per Per Per Per Duties: Reason for Leaving: Reason for Leaving:						EMPLOYMEN	IT DATA					
Start Date End Date Full Time Part Time Hrs/Week by You Starting Ending Per	Previous Employer			Address				Job Title		Supervisor Name		
Start Date	Employment Length Year / Mo					Salary		May we contact your Employer? (Check One) YES NO				
Duties: Reason for Leaving: Previous Employer Address Job Title Supervisor Employment Length Year / Months Supervised by You Starting Ending Check One) YES Telephone # Duties: Reason for Leaving: Previous Employer Address Job Title Supervisor Employment Length Year / Months # of Emp Supervised by You Starting Ending Check One) YES Telephone # Per	Start Date	End Date	End Date Full Tir	e Part Time	Hrs/Week	<u> </u>	Starting		Ending	1 3		
Previous Employer Employment Length Year / Months # of Emp Supervised by You Starting Ending Check One) YES												
Employment Length Year / Months Start Date End Date Full Time Part Time Hrs/Week by You Starting Ending Duties: Reason for Leaving: Previous Employer Address Job Title Supervisor May we contact your Employer (Check One) YES Telephone # Per	Duties : ———						Reas	son for Le	eaving :			
Start Date	Previous Employer					Address			Job Title		Supervisor Name	
Start Date End Date Full Time Part Time Hrs/Week by You Starting Ending Telephone # Duties : Reason for Leaving : Previous Employer Address Job Title Supervisor Employment Length Year / Months # of Emp Supervised Supervised Starting Ending Check One) YES Reason for Leaving : May we contact your Employer Salary Check One) YES May we contact your Employer Supervised Supervis	- 1011000 =p.o.yor											
Start Date End Date Full Time Part Time Hrs/Week by You Starting Ending Telephone # Duties : Reason for Leaving : Previous Employer Address Job Title Supervisor Employment Length Year / Months # of Emp Supervised Supervised Supervised Check One YES	Employment Length Year / M		•		s	Salary		May we contact your Employ				
Duties : Reason for Leaving : Previous Employer Address Job Title Supervisor Employment Length Year / Months # of Emp Supervised Supervised Supervised (Check One) YES	Start Date	Start Date		ne Part Time		Starting		Ending	, ,			
Previous Employer Address Job Title Supervisor Employment Length Year / Months Supervised Supervised Supervised Check One) YES							Per		Per			
Employment Length Year / Months # of Emp Supervised Salary (Check One) YES	Duties :						Reas	son for Le	eaving :			
Supervised Supervised (Check One) YES	Previous Employ	yer	er		<u> </u>	Ac	Idress		Job Ti	itle	Supervisor Name	
Supervised Supervised (Check One) YES											-	
	Emplo	oyment Length Year / Mon		Supervised		s	Salary		May we contact your Employer?			
	Start Date	rt Date				Starting		Ending	1 '	,		
Per Per ————							Per		Per			
Duties : Reason for Leaving :	Duties :						Reas	on for Le	eaving :			
Previous Employer Address Job Title Supervisor	Previous Employer				Address			Job Title		Supervisor Name		
Employment Length Year / Months # of Emp Salary May we contact your Emp Supervised (Check One) YES	Employment Length Year / M		ionthis · · Outury		alary			we contact your Employer? eck One) YES NO				
Start Date End Date Full Time Part Time Hrs/Week by You Starting Ending (Check One) 123 Telephone #	Start Date End Date		End Date Full Tir	ıll Time Part Time Hrs/Week		I -	Starting		Ending			
Duties : Reason for Leaving :	Duties : ———						Reas	son for Le	eaving :			

Please use an additional sheet of paper as a continuation sheet, if necessary. Any continuation sheets and additional sheets must be signed and dated by the applicant.

PERS	SONAL DATA	Please indicate how you found out about this vacant position.					
Are you a citizen of the Unit	ted States? YES NO	The County's Vacancy List?	From a newspaper?				
If NO, give a country of which	ch you are a citizen and your alien registration	From a County Employee?		_			
number.		Employment Security Commission?	Other				
		From a Friend?					
		From Website?					
		J					
		REFERENCE DATA					
-	who are not related to you and who have a definit	e knowledge of your work. Do not repeat the nam	es of supervisors listed in the E	mployment Data Section of			
this application.							
арриосион.							
Name	Address	City, State, Zip Code	Home Phone	Business Phone			
Name	Address	City, State, Zip Code	Home Phone	Business Phone			
Name	Address	City, State, Zip Code	Home Phone	Business Phone			
	1	DECLARATION OF APPLICANT					
I certify that all of the stat	tements made in this application and any atta	ached documents are true, complete, and cor	rect to the best of my knowle	edge and belief and are			
made in good faith. I aut	horize investigation of all statements made i	n this application and release of any pertinent	t information to Stokes Count				
officials. I understand that	at false information may be grounds for rejec	ction of my application and (or) dismissal if I a	m employed.				
Signat	ture of Applicant (unsigned applications wil	I not be processed)		Date			
BEFORE SUBMITTING	THIS APPLICATION, PLEASE CHECK TO	SEE THAT YOU HAVE:					
	ORMATION ON YOUR EDUCATION AND WOR						
2. SIGNED AND DATED Y		KK HISTOKT.					
THANK YOU FOR YOUR I	INTEREST IN STOKES COUNTY. STOKES CO	OUNTY WANTS TO FIND THE BEST QUALIFIED	PEOPLE AVAILABLE TO SE	RVE ITS CITIZENS.			

ALTHOUGH EVERYONE WHO APPLIES CANNOT BE HIRED, YOUR APPLICATION WILL BE GIVEN EVERY CONSIDERATION.