

ALLEGHANY COUNTY GOVERNMENT

Application for Employment



MAIL COMPLETED APPLICATION TO
Alleghany County
P.O. Box 366
Sparta, North Carolina 28675



TO APPLICANT: We deeply appreciate your interest in our organization. Thank you for taking the time to complete this application. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits other types of discrimination such as age, citizenship, disability, veteran status, attainment of benefits, and participation in union activities. The laws of most states and many localities also prohibit some or all of the above types of discrimination as well as some additional types including, but not limited to, discrimination based upon ancestry, marital status, parental status, sexual orientation, or source of income. The Fair Credit Reporting Act imposes restrictions with respect to credit data. This list, however, is not exhaustive of the grounds on which discrimination is prohibited.

(PLEASE PRINT PLAINLY)

PERSONAL INFORMATION

Date _____

Name _____
Last First Middle

Social Security No. _____ Telephone No. _____

Address _____
No. Street City State Zip

Are you legally eligible for employment in the U.S.A.? Yes ___ No ___ If hired, you are required to submit proof of your eligibility to work in the U.S.A.

Are you over the age of eighteen? Yes ___ No ___ If no, hire is subject to verification that you are of minimum legal age.

Position(s) applied for _____

Were you previously employed by us? Yes ___ No ___ If yes, when and what position? _____

If your application is considered favorably, on what date will you be available for work? _____

Are there any other job related experiences, skills, or qualifications which will be of special benefit in the job for which you are applying? _____

Have you ever been convicted of anything other than a minor traffic violation? Yes ___ No ___

If yes, please explain fully on a separate sheet.

Note: A conviction will not necessarily exclude you from employment. Factors such as rehabilitation efforts, how recent the offense was, the nature of the offense and type job for which you are applying will be considered.

(Please Turn To Next Page)

EMPLOYMENT HISTORY

List below present and past employment, beginning with your most recent

1	Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.				
		Describe the work you did:							
	Telephone								

2	Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.				
		Describe the work you did:							
	Telephone								

3	Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.				
		Describe the work you did:							
	Telephone								

4	Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.				
		Describe the work you did:							
	Telephone								

I hereby give permission to contact the employers listed above concerning my prior work experience as indicated below.

Employer I? Yes _____ No _____

Employer II? Yes _____ No _____

Employer III? Yes _____ No _____

Employer IV? Yes _____ No _____

Signed _____

RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Circle Last Year Completed	Did You Graduate?	List Diploma or Degree			
Elementary		X	5	6	7	8	<input type="checkbox"/> Yes <input type="checkbox"/> No	X
High			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

PERSONAL REFERENCES

Name and Occupation	Address	Phone Number

May we telephone you to follow up on this application at home? Yes___ No___

If yes, what is the best time to call? _____

May we telephone you to follow up on this application at work? Yes___ No___

If yes, what is the best time to call? _____

What is your business telephone number? _____

PLEASE READ AND SIGN BELOW

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I also understand a background check of my driving, criminal, or other records may be conducted before employment. I understand Allegheny County is a drug and alcohol free workplace and I understand that the County may require me to successfully complete a pre-employment drug and alcohol test as a condition of employment and that continued employment may be based on the successful completion of similar tests based on approved policies. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason. No one other than an authorized official of Allegheny County has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in a writing signed by an authorized official of Allegheny County. By signing below, I am authorizing the County to verify any or all information on this application.

Signature of Applicant

FOR INTERVIEWER'S USE

INTERVIEWER	DATE	COMMENTS

FOR TEST ADMINISTRATOR'S USE

TESTS ADMINISTERED	DATE	RAW SCORE	RATING	COMMENTS AND INTERPRETATION

REFERENCE CHECK

*Position Number	RESULTS OF REFERENCE CHECK	*Position Number	RESULTS OF REFERENCE CHECK
1		4	
2			
3			

*See Page 2