



COUNTY OF MOORE APPLICATION FOR EMPLOYMENT

(Mail) PO Box 905, Carthage, NC 28327
(Office) 1 Courthouse Square, Carthage, NC 28327
Office 910.947.6362
FAX 910.947.2792



Internet: www.moorecountync.gov

Thank you for your interest in the County of Moore. We strive to employ the best qualified individuals available to serve our community. Although everyone who applies cannot be hired, your application, if completed properly and in detail, will be given every consideration. The County of Moore is an equal opportunity employer who is committed to equality in admission or access to, or treatment or employment in, its programs and activities and does not discriminate against applicants or employees based upon race, color, national origin, religion, gender, age, political affiliation, sexual orientation or disability.

Please take the time to read the information and instructions on this page to ensure your application is as complete as possible.

Important Application Information

- ✓ If you are dropping your application off in person, you must drop it off to a HR staff member. You may contact a HR staff member at 947-6362 for assistance if you are unable to reach our 3rd floor office. Persons with disabilities should notify the HR staff and request accommodations during the application and selection process, if they need assistance.
- ✓ Accepted complete applications and all supplemental materials submitted become the property of the County of Moore and cannot be returned or copied.
- ✓ If a closing date is included in the job announcement, applications must be received by the HR department **BEFORE** 5:00 p.m. on that closing date. Applications received through the mail must be received in the HR office **PRIOR** to the closeout date, or have their envelopes postmarked **PRIOR TO or EQUAL TO** the closeout date. Applications received after the closing date are **NOT** eligible for consideration.
- ✓ Our application is designed to assist the hiring department in evaluating your qualifications. Please read the position advertisement carefully to be sure your background meets the requirements of the position.
- ✓ Incomplete applications will not be referred to the hiring departments. Answer all questions and complete all sections of the application form. You must give complete information on the application (“See Resume” is not acceptable). List separately each job held and your duties for each position when you worked for one employer and held more than one position. Use the application continuation sheet to provide any additional work experience information if necessary.
- ✓ Resumes are welcome as a supplement to the application but will not be accepted in lieu of the application. Make sure you submit any additional documentation listed as required in the job description. Additional paperwork and/or documentation may be required during the interview or during the hiring process.
- ✓ Check for accuracy, sign and date your application. Unsigned applications will not be processed.
- ✓ In compliance with the Immigration Reform and Control Act of 1986, the County of Moore hires only those individuals who are United States citizens or aliens lawfully authorized to work in the United States. All new employees will be required to complete a verification form and provide documentation of employment eligibility and identity.
- ✓ All applicants tentatively selected for any position will be required to successfully pass a pre-employment physical and drug screen prior to appointment. A background check will also be conducted before employment based on Moore County's Personnel Policy
- ✓ You can submit your completed application to the County of Moore Human Resources Department:

In Person	By Mail	By Fax
3rd Floor of the Historic Courthouse Bldg, 1 Courthouse Sq Carthage, NC 28327 (910) 947-6362 Monday - Friday from 8pm - 5pm	Human Resources Department P.O. Box 905 Carthage, NC 28327	(910) 947-2792

County of Moore Equal Opportunity Employer (EOC) Questionnaire

PLEASE COMPLETE THIS FORM - IT WILL BE REMOVED PRIOR TO PROCESSING

In order to comply with United States Government Equal Employment Opportunity requirements, all applicants for employment are requested to complete this form. Data collected will be used for statistical reporting purposes and to measure the effectiveness of our recruitment efforts and selection procedures. This information is requested on a voluntary basis. Refusing to provide the information will not result in any adverse treatment with respect to the employment or selection process. When we process an employment with a completed EOC questionnaire, only the application is forwarded to the hiring authorities for consideration. The EOC questionnaire is removed from the application and retained in the County of Moore Human Resources Department, where it is kept strictly confidential.

The County of Moore is an Equal Opportunity/Affirmative Action Employer. In accordance with applicable laws and regulations, the county does not discriminate on the basis of disability or other prohibited criteria. If you believe you have been treated unfairly or discriminated against on the basis of race, color, national origin, gender, age, religion, political affiliation, sexual orientation, or disability, please contact the Human Resources Department at 910-947-6362.

DISABLED APPLICANTS: The Human Resources Department may have resources to assist applicants with the application and/or interview process. If special needs are to be considered, please call 910-947-6362.

PLEASE COMPLETE THE INFORMATION REQUESTED BELOW

Today's Date (mm/dd/yy)	Are you:	<input type="checkbox"/> Female	<input type="checkbox"/> Male
Applicant Name		Date of Birth	
Are you a veteran of the United States Armed Forces?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes" - Branch of Service		Type of Discharge	

ETHNIC ORIGIN (CHECK ONE)

- White (not of Hispanic origin): All persons with origins in any of the peoples of Europe, North Africa or the Middle East
- Black (not of Hispanic origin): All persons with origins in any of the black racial groups of Africa.
- Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- Asian or Pacific Islander: All persons with origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes for example, China, India, Japan, Korea and Samoa
- American Indian or Alaskan Native: All persons with origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

CITIZENSHIP

- Resident foreign national (Alien who has been admitted for permanent residence, must have Alien Registration Card, Form I-151).
- Non-resident foreign national (Alien admitted temporarily for specific purposes and periods of time)
- U. S. Citizen

WOULD YOU LIKE TO DISCLOSE ANY PHYSICAL OR MENTAL DISABILITY?

Disability: "Disability means, with respect to an individual: (1) A physical or mental impairment that substantially limits one or more of the major life activities of such individual; (2) a record of such an impairment; or (3) being regarded as having such an impairment" [Americans with Disabilities Act of 1990]. Persons without a disability should check the block labeled None/or prefer not to answer. The reporting of a **disability is strictly VOLUNTARY**. Persons with disabilities who **DO NOT WISH** to report their disabilities should check the block labeled None/or prefer not to answer. Information reported on this form will be kept confidential as required by state law.

- | | | |
|--|---|--|
| <input type="checkbox"/> None/or prefer not to answer | <input type="checkbox"/> Blind or severely visually impaired | <input type="checkbox"/> Deaf or severely hearing impaired |
| <input type="checkbox"/> Loss of/limited use of arms and/or hands | <input type="checkbox"/> Non-ambulatory (must use wheelchair) | <input type="checkbox"/> Respiratory impairment |
| <input type="checkbox"/> Nervous system/neurological disorder | <input type="checkbox"/> Learning disability | <input type="checkbox"/> speech impairment |
| <input type="checkbox"/> Other orthopedic impairment (including amputation, arthritis, back injury, cerebral palsy, spinal bifida, etc.) | | |
| <input type="checkbox"/> Other (heart disease, diabetes, migraines, high blood pressure) | | |
| <input type="checkbox"/> Other (please specify): | | |

HOW DID YOU HEAR ABOUT THE POSITION(S)?

To help us ensure our recruitment efforts are targeted to and reaching all segments of our recruitment area and community, please identify how you first learned of this job opening (check only one box).

<input type="checkbox"/> A Friend or Relative	<input type="checkbox"/> Employment Security Commission
<input type="checkbox"/> A County of Moore Employee	<input type="checkbox"/> The Pilot Newspaper
<input type="checkbox"/> Our website (www.moorecountync.gov)	<input type="checkbox"/> Other Internet website:
<input type="checkbox"/> Other means (identify):	

Please turn in your completed application to our Human Resources Department



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Application Date (mm/dd/yy)	
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Positions Applying For:	
1)	
2)	
3)	

PRINT CLEARLY AND NEATLY OR TYPE ALL INFORMATION

Last Name	First Name	Middle Initial

Mailing Address	City	State	Zip

Best phone# to reach you during the daytime	Best phone# to leave a message for you

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College: 1 2 3 4 Graduate School: 1 2 3 4

Name of School & School Address (City & State)	Dates Attended		Type of Degree or Diploma Received	Major Subjects Studied
	From	To		
High School (Includes GED equivalency)	(High school dates attended from/to blocked out - do not try to answer)		(N/A if not complete)	
				General Studies

Colleges or Universities	Mo	Yr	Mo	Yr	(N/A if not complete)	

Technical, Vocational, or Military Training	Mo	Yr	Mo	Yr	(N/A if not complete)	

TRAINING, LICENSES AND SPECIAL SKILLS

Professional Licenses - Current professional status: (list fields of work for which you have been registered or certified in)

Registration/Certification: _____ State: _____ No. _____

Registration/Certification: _____ State: _____ No. _____

General Skills - Check the following skills, experiences, etc., which you have:

- | | | |
|--|---|--|
| <input type="checkbox"/> Driver's License _____
Number _____ State _____ | <input type="checkbox"/> Foreign language (specify) _____ | <input type="checkbox"/> Legal transcription |
| <input type="checkbox"/> CDL (A, B, or C?) _____
Number _____ State _____ | <input type="checkbox"/> Typing (specify WPM) _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Car for use at work | <input type="checkbox"/> Shorthand/speedwriting (specify WPM) _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Sign Language | <input type="checkbox"/> Braille _____ | |
| <input type="checkbox"/> Adding Machine/calculator | <input type="checkbox"/> Medical transcription _____ | |

Specialized Skills - List in the appropriate blanks below the specialized skills you are proficient in or have received training in:

Building/grounds maintenance _____

Construction/heavy equipment _____

Trades (carpentry, welding, plumbing, etc.) _____

Computers (software, hardware, networking) _____

Other Skills - Describe any job-related skills, knowledge, special training, or licenses you have that you have not listed above:

MILITARY SERVICE

Federal law requires males age 18 through 25 to register with the Federal government to comply with the Military Selective Service Act. North Carolina GS 143B-421.1 prohibits local governments from employing any males who have not complied with the federal Selective Service Registration regulations. If this requirement pertains to you, have you complied with the Federal law? (check the appropriate box to the right).		Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
1) Have you ever served in the U. S. Armed Services?		<input type="checkbox"/>	<input type="checkbox"/>
2) Are you a member of the U. S. Military Reserves?		<input type="checkbox"/>	<input type="checkbox"/>
3) If yes to questions 1 or 2, which branch of service did you serve in?	4) What were your dates of service?		
5) What was your rank upon your separation/discharge/retirement?	6) What type of discharge/separation?		

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Were you ever discharged or forced to resign from employment due to misconduct or unsatisfactory services? If yes, explain in the "comments" section below. Prior discharges or forced resignations will not necessarily disqualify you from employment.	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you EVER been convicted, under any name, of an offense against the law, other than a minor traffic violation? Offenses include, but are not limited to, driving while impaired, simple worthless check, and ANY misdemeanor or felony, even if resolved outside of court. A conviction does not mean you cannot be hired; the offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

Comments (for any YES answer from above, give number and explain):

WORK EXPERIENCE

Beginning with your current or most recent position, list all time periods of employment, unemployment, or volunteer experience over the past 10 years showing changes in title or promotions separately. Attach additional sheets if needed. Please fill out all the information requested on this form. "See Resume" is not acceptable. Incomplete information will result in the disqualification of your application.

From		To		Name of Employer	Current or Last Position Title	#Employees Supervised
Mo	Yr	Mo	Yr			
Prior Employment Status				Address	City	State
<input type="checkbox"/>	Full Time	<input type="checkbox"/>	Part Time			
Starting Salary				Supervisor Name	May We Contact Employer?	Phone
Ending/Current Salary				Reason for Leaving		

List major duties in order of their importance in the job:

--

From		To		Name of Employer	Current or Last Position Title	#Employees Supervised
Mo	Yr	Mo	Yr			
Prior Employment Status				Address	City	State
<input type="checkbox"/>	Full Time	<input type="checkbox"/>	Part Time			
Starting Salary				Supervisor Name	May We Contact Employer?	Phone
Ending/Current Salary				Reason for Leaving		

List major duties in order of their importance in the job:

--

From		To		Name of Employer	Current or Last Position Title	#Employees Supervised
Mo	Yr	Mo	Yr			
Prior Employment Status				Address	City	State
<input type="checkbox"/>	Full Time	<input type="checkbox"/>	Part Time			
Starting Salary				Supervisor Name	May We Contact Employer?	Phone
Ending/Current Salary				Reason for Leaving		

List major duties in order of their importance in the job:

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REFERENCES

List three persons who are NOT related to you and who are familiar with your qualifications for employment. Do not repeat names of supervisors listed under your work experience.

Reference #1 Name	Occupation	Phone
Mailing Address	City	State
Reference #2 Name	Occupation	Phone
Mailing Address	City	State
Reference #3 Name	Occupation	Phone
Mailing Address	City	State

CHECK ALL OF THE TYPES OF WORK YOU WILL ACCEPT:

1. Full-time
 2. Part-time
 3. Temporary
 4. Any of the preceding

Are you now, or have you ever been, employed by the County of Moore? If YES, identify most recent employment dates, job title, department assigned, and/or reason for leaving in the "comments" section below.	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

Are you related by blood or marriage to any person now working for the County of Moore? If YES, provide their name, relationship to you, and they department where they work in the "comments" section below.	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

Comments (for any YES answer from above, give number and explain):

APPLICANT CERTIFICATION AND AUTHORIZATION

I certify that the information on this application truly represents my background and experience. I understand that failure to give accurate information, falsification, or misrepresentation may prevent my being hired, and if discovered after hiring, may be grounds for disciplinary action, immediate dismissal, and/or criminal action. (Authority: G.S. 126-30, G.S. 14-122.1).

I authorize investigation of all information given in this application. This includes, but may not be limited to:

- Driver's record check, if necessary for the job
- Criminal background check
- Educational institutions
- Reference checks from current and previous employers and/or supervisors
- Registration and licensing boards
- Any other information submitted on or attached to this application

I also authorize all educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications.

I further understand that the County of Moore is a drug free workplace and I agree to submit to pre-employment drug testing and physical examination. I am also aware that a background check will be conducted before employment based on Moore County's Personnel Policy. I also understand that as a condition of employment, I will be required to furnish documentation verifying my identity and eligibility to work in the United States.

I am aware that the County of Moore is an equal opportunity employer who is committed to equality in admission or access to, or treatment or employment in, its programs and activities and does not discriminate against applicants or employees based upon race, color, national origin, religion, gender, age, political affiliation, sexual orientation or disability.

Applicant Signature ***unsigned applications will not be processed***	Signature Date
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