



Halifax County Government
Human Resources Management Department
26 North King Street, Halifax, NC 27839-0646

(P) 252-583-1688

(F) 252-583-1788

Prospective employees will receive consideration without discrimination based on race, creed, sex, age, national origin, handicap, veteran status or any condition prescribed by state or local law.

DIRECTIONS: Fill out all sections COMPLETELY and please print or type the information requested. Only completed applications will be considered. An application must be received by the Human Resources Management Department by 5 pm on the closing date posted to ensure consideration. The Human Resources Management Department will accept a faxed application. Applications received unsigned, incomplete or postmarked after the closing date will NOT be considered. An application must be completed for EACH posting, as applications are not kept on file.

Position Title: List only one(1) position per application	Posting #	Date:
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Name:		
LAST	FIRST	M.I

Mailing Address

City State Zip Code

() - () -
HOME PHONE NUMBER ALTERNATE NUMBER E-MAIL ADDRESS

REFERRAL SOURCE

How did you learn about this position? Mark all boxes applicable from the list below.
Halifax sources: Bulletin Boards Web Site Employee referral Friend/word of mouth
 Community agency: specify _____ Newspaper: specify _____

EMPLOYMENT WITH HALIFAX COUNTY GOVERNMENT

Are you currently a Halifax County Government Employee? YES NO
Have you ever been employed by Halifax County Government? YES NO
If yes, what is/was your status? Full-Time Part-Time

GENERAL INFORMATION

1. Do you currently have a Driver's License? Please list your Driver License # _____ State _____ Yes No

2. Are you now or were you previously related in any way to a County employee? Yes No
If YES, What department does he/she work in _____?

When will you be available to begin work? _____ Pay expected: \$ _____
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TRAINING/SKILLS

List any certification or licensing you have received that relates to the position you are applying for _____

List only the specific courses, workshops, trainings you have taken that are related to the position for which you are applying:

EDUCATION: Provide your complete history.

High School/Equivalent (GED)	Location (City)	Location (State)	Yes Graduate/G.E.D.	No
College or University	Location (City & State)	Dates (From/To) ___/___ to ___/___	Yes Graduate	No
Degree Title	Date	Major	Credit Hours	
College or University	Location (City & State)	Dates (From/To) ___/___ to ___/___	Yes Graduate	No
Degree Title	Date	Major	Credit Hours	
Graduate or Professional	Location (City & State)	Dates (From/To) ___/___ to ___/___	Yes Graduate	No
Degree Title	Date	Major	Credit Hours	
Other educational, vocational school, internships, etc.	Location (City & State)	Dates (From/To) ___/___ to ___/___	Yes Graduate	No
Other valid professional licenses and certificates: Type of License:		Issuing State	Registration No.:	Expiration Date

Proof of education is not required with every application. **It will be necessary to provide copy of proof of education if offered employment** (e.g. copy of diploma, GED, transcript). If applying for a Social Worker position, a copy of unofficial transcript must be provided a time of application. Also, copies of certifications or licenses necessary for specific positions are required with an application (e.g. Nursing License, EMT certification, etc.)

PROFESSIONAL REFERENCES: Please list three references that are familiar with you work history:

	NAME	ADDRESS	PHONE #
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

EMPLOYMENT: This section must be completed in detail. **ALL SPACES MUST BE COMPLETED OR MARKED N/A (not applicable).**

A resume will not substitute for a completed Halifax County Government application unless the job posting so indicates. Beginning with your present or most recent employment, list all work experience. Include any periods of self-employment, U.S. military services, and any job-related volunteer experience. If more than one position has been held with the same employer, list each separately. If additional space is necessary, please see attach additional sheets –see page 6.

Job Title		(1) Employer's Name and Address		
Supervisor's Name				
Supervisor's Phone Number () -	Employer's Phone # () -	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of employees supervised by you:	
Dates Employed (Mo./Yr.) ____/____/____ to ____/____/____	Hours per week:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Last Salary \$	
Duties: (Do NOT state "See Resume")				
Reason for leaving or considering change:				
Explain any gap in employment:				
Job Title		(2) Employer's Name and Address		
Supervisor's Name				
Supervisor's Phone Number () -	Employer's Phone # () -	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of employees supervised by you:	
Dates Employed (Mo./Yr.) ____/____/____ to ____/____/____	Hours per week:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Last Salary \$	
Duties: (Do NOT state "See Resume")				
Reason for leaving or considering change:				

Explain any gap in employment:			
Job Title		(3) Employer's Name and Address	
Supervisor's Name			
Supervisor's Phone Number () -	Employer's Phone # () -	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of employees supervised by you:
Dates Employed (Mo./Yr.) ____/____ to ____/____	Hours per week:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Last Salary \$
Duties: (Do NOT state "See Resume")			
Reason for leaving or considering change:			
Explain any gap in employment:			
Job Title		(4) Employer's Name and Address	
Supervisor's Name			
Supervisor's Phone Number () -	Employer's Phone # () -	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of employees supervised by you:
Dates Employed (Mo./Yr.) ____/____ to ____/____	Hours per week:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Last Salary \$
Duties: (Do NOT state "See Resume")			
Reason for leaving or considering change:			
Explain any gap in employment:			

CERTIFICATION AND SIGNATURE

I certify that all of the statements made in this application and any attached documents are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that any false statements or information may be grounds for rejection of my application or dismissal if I am employed. 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. A background check of my driving, criminal, credit or other records may be conducted before employment. I permit the County to conduct a police and court records investigation of my background if relevant to the job for which I am applying. In addition, I hereby authorize any and all of my current and previous employers, including the U.S. Government or U.S. Military (if approved by me in the 'Employment' section), and other persons, registration and licensing boards, and educational institutions listed on my application, to provide Halifax County Government with any job-related information requested. I waive any right to legal claims against a disclosing person, employer, or institution and the prospective employer seeking and using this information for hiring purposes. Notwithstanding any provisions of Federal or State law, I also waive any right I may have to review confidential material or information received by the County from a person, employer, or institution.

I understand that applicants may be required to pass a drug urinalysis test before employment in accordance with Halifax County Government policy.

Applicant's Signature

Date

APPLICATION WILL NOT BE PROCESSED IF NOT SIGNED

Employment History Con't:

Job Title		(5) Employer's Name and Address	
Supervisor's Name			
Supervisor's Phone Number () -	Employer's Phone # () -	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of employees supervises by you:
Dates Employed (Mo./Yr.) ____/____ to ____/____	Hours per week:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Last Salary \$
Duties: (Do NOT state "See Resume")			
Reason for leaving or considering change:			
Explain any gap in employment:			
Job Title		(6) Employer's Name and Address	
Supervisor's Name			
Supervisor's Phone Number () -	Employer's Phone # () -	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of employees supervises by you:
Dates Employed (Mo./Yr.) ____/____ to ____/____	Hours per week:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Last Salary \$
Duties: (Do NOT state "See Resume")			
Reason for leaving or considering change:			
Explain any gap in employment:			

HALIFAX COUNTY'S NON-DISCRIMINATION FORM

For Equal Employment Opportunity Information
For HRM Purposes ONLY

Please complete the following:

Name: _____ Date: _____

Gender: Female Male

Department: _____ Vacancy Posting Number: _____

Ethnic Category (Select only one racial/ethnic group- Federal guidelines do not allow multiple racial/ethnic designations for affirmative action purposes):

- African American/Black: Persons having origins in any of the Black racial groups of Africa.
- Asian/Pacific Islander: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Hispanic: Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish origin or culture, regardless of race.
- Native American: A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- White/Caucasian: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- I choose to not identify.

Please note: This page will be detached from your application and kept for stats data only.