

# APPLICATION FOR EMPLOYMENT

Mecklenburg County

An Equal Opportunity Employer

Today's Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

## IMPORTANT EMPLOYMENT APPLICATION INSTRUCTIONS – PLEASE READ

1. Read the job vacancy announcement carefully to be sure you meet ALL the requirements.

2. Your application must be filled out completely. Applications that are not complete will not be processed.

3. Your qualifications will be evaluated based on information provided on the application.

## PLEASE PRINT CLEARLY IN BLACK OR BLUE INK

List all positions for which you would like to be considered:

Job Title Criminal Justice Services Intern

Reference Number N/A

Job Title N/A

Reference Number N/A

## 2. CONTACT DETAILS:

Your First Name

Your Middle Name

Your Last Name

Current Address

City

State

Zip

Home Phone

Cell Phone

## 3. CURRENT AND PRIOR EMPLOYMENT:

Current Employer

Start Date

End Date

Your Job Title

End Salary

City

State

Supervisor's Name

Telephone Number

Please provide a brief description of your specific job duties:

Employer

Start Date

End Date

Your Job Title

End Salary

City

State

Supervisor's Name

Telephone Number

Please provide a brief description of your specific job duties:

Employer

Start Date

End Date

Your Job Title

End Salary

City

State

Supervisor's Name

Telephone Number

Please provide a brief description of your specific job duties:

**4. EDUCATION:** What is the highest level of education you have completed? Please check one. All fields must be completed

- Some High School     High School Graduate, GED     Some College     Technical School
- 2-Year College Degree     Bachelor's Degree     Master's Degree     Some Graduate School
- Doctorate, Academic     Doctorate, Professional     Post Doctorate

School Name: \_\_\_\_\_ State: \_\_\_\_\_

Degree Type (Technical School or above): \_\_\_\_\_ Date Issued: \_\_\_\_\_

Major: \_\_\_\_\_ College/Univ.: \_\_\_\_\_ State: \_\_\_\_\_

**5. TRAINING:** List any relevant training courses you have taken.

Course Title: \_\_\_\_\_ School Name: \_\_\_\_\_ Start Date: \_\_\_\_\_

Course Title: \_\_\_\_\_ School Name: \_\_\_\_\_ Start Date: \_\_\_\_\_

Course Title: \_\_\_\_\_ School Name: \_\_\_\_\_ Start Date: \_\_\_\_\_

**6. LICENSES AND CERTIFICATES:**

License or Certificate: \_\_\_\_\_ Date Issued: \_\_\_\_\_

License/Certification Number: \_\_\_\_\_ Issued by: \_\_\_\_\_

License or Certificate: \_\_\_\_\_ Date Issued: \_\_\_\_\_

License/Certification Number: \_\_\_\_\_ Issued by: \_\_\_\_\_

**7. COMPETENCIES: RATE your skill level as Low, Below Average, Average, Above Average, or High for each one**

List skills applicable to position(s) applied ("attention to detail", "good communication skills", "Microsoft Word", "customer service friendly" etc.).

\_\_\_\_\_  
\_\_\_\_\_

**8. LANGUAGES: List languages and proficiency in each area**

Language: \_\_\_\_\_ Language: \_\_\_\_\_  
Speaking Proficiency: ( ) Low ( ) Moderate ( ) High Speaking Proficiency: ( ) Low ( ) Moderate ( ) High  
Writing Proficiency: ( ) Low ( ) Moderate ( ) High Writing Proficiency: ( ) Low ( ) Moderate ( ) High

**9. REFERENCES:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

**10. STANDARD QUESTIONS: PLEASE READ VERY CAREFULLY**

\*Have you been convicted of an offense against the law other than a minor traffic violation? ( ) No ( ) Yes

Under North Carolina law you do not have to disclose any arrest, charge or conviction that has been expunged. Please do *not* disclose any arrest, charge, or conviction that has been expunged from your record.

\*If you answered yes to the above question, please list the year you were convicted and what you were convicted of:

*\*This employer will not deny employment to any applicant solely because the person has been convicted of a crime. The company however, may consider the nature, date and circumstances of the offense as well as whether the offense is relevant to the duties of the position applied for.*

Are you related by blood or marriage to any of the following:

- 1) Any person now working for Mecklenburg County
  - 2) A government official
  - 3) A member of the Board of County Commissioners
- ( ) No ( ) Yes

If you answered yes to the above question, please list who you are related to and your relationship to that person:

Have you ever been employed by Mecklenburg County? ( ) No ( ) Yes

If you answered yes to the above question, what year did you leave Mecklenburg County's employment? \_\_\_\_\_

**IMPORTANT INFORMATION – READ THE FOLLOWING STATEMENTS CAREFULLY AND BE SURE TO SIGN THIS APPLICATION**

Certificate of Application

By completing and submitting this application, I hereby certify that all statements made in this application are true. I understand that any misstatement, misrepresentation, or omission of fact may be cause for my application not to be considered or may be cause for my immediate dismissal. I authorize anyone having such information to release it. I further agree to a physical examination, if required, as a condition of employment.

The County is not responsible for the verification of data provided and shall not be liable for any errors, factual, transcription or otherwise, contained in the information posted.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

# CONFIDENTIAL INFORMATION

## Self Identification Details

Mecklenburg County provides equal opportunities to all employees and qualified applicants for employment without regard to race, religion, color, national origin, sex, sexual orientation, age, genetic information, political affiliation, physical or mental disability, military and veteran status, and any other status protected by federal, state, or local law. This policy applies to hiring, promotions, and all terms and conditions of one's employment.

Solely to help us comply with federal and state Equal Employment Opportunity record keeping, and other legal requirements, we invite you to complete the following information.

Please note that completion of this information is voluntary. The information you provide is confidential and will be kept separate from your other applicant information. This information will be used for data reporting requirements only and will not be considered in making any employment decisions.

Sex:  Female  Male

ETHNIC GROUP (check only one box)

American Indian or Alaskan Native

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Native Hawaiian or Other Pacific Islander

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Asian

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Black or African American (Not of Hispanic or Latino origin)

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Hispanic or Latino

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White: (Not of Hispanic or Latino origin)

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Two or more races (Not Hispanic or Latino origin)

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Please check here if you decline to state.