



MECKLENBURG COUNTY
Human Resources Department

Park and Recreation
Limited Part Time Hiring Packet



Temporary/Limited Part Time Employee Hiring Packet

Name of Person to be Hired _____

Dept# _____ Position # _____ Position Title _____

Supervisor Name _____ Supv. ID & Position # _____

Position Status: (choose one) Temporary Limited Part Time Salary _____

Anticipated Start Date _____ Position End Date _____

_____ Offer Letter (cc: Hiring Mgr)

_____ Application

_____ Confidential Personal Data Sheet

_____ MyHR Security Form

_____ Release of Information

_____ Drug Screen

_____ Criminal History Records Request

_____ InfoMart Disclosure Consent Form

_____ I-9 Employment Eligibility Verification Form

_____ Drivers License (or other)

_____ Social Security Card (or other)

_____ PAR

Rehire:

Previous Employee ID # _____

Termination Reason _____

_____ Date Received

_____ Date Received

_____ Date Received

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 _____ Reference Number _____

Job Title _____ Reference Number _____

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

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

- Native Hawaiian or Other Pacific Islander

- Asian

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

- Hispanic or Latino

- White: (Not of Hispanic or Latino origin)

- Two or more races (Not Hispanic or Latino origin)

- Please check here if you decline to state.



CONFIDENTIAL PERSONAL DATA SHEET

Please Print

Full Name: _____ Social Security Number: _____
(As it appears on your Social Security card)

Home Address: _____

Home Phone Number: _____ Date of Birth: _____ Gender: _____

Marital Status:	_____ Single	Race:	_____ White	Smoke:	___ Yes
	_____ Married		_____ Black		___ No
	_____ Separated		_____ Hispanic		
	_____ Divorced		_____ Asian American		
	_____ Widowed		_____ American Indian		

Job Title: _____

Emergency Contact Information

Full Name: _____ Relationship: _____

Address: _____

Phone Numbers: Home: _____

Work: _____

Mobile: _____



RELEASE OF INFORMATION

I, _____, do hereby authorize the Mecklenburg County Director of Human Resources or the Director's designee to contact the persons, firms, agencies, or corporations for the purpose of discussion or providing any and all records concerning my general character, former or present employment and verification or educational and licensure credentials. I hereby release and discharge and by these presents do for myself and my heirs and assigns and forever discharge Mecklenburg County and any person, firm, agency or corporation of and from all claims, demands, loss, damage, actions, causes of actions, or suits at law or in equity of whatsoever kind or nature resulting from the dissemination of information as described herein.

APPLICANT

DATE

WITNESS

DATE



MECKLENBURG COUNTY
BUSINESS SUPPORT SERVICES AGENCY

Criminal History Records Request

A) Purpose: Criminal History Records Requests are completed for all positions. Participants may include final candidates for employment as well as existing employees in certain positions. **B) Decisions:** An evaluation of any conviction (or other court outcome holding the person responsible for commission of an offense) for purposes of employment may take into account the nature and gravity, as well as the circumstances, of the offense; the number of offenses, when each offense occurred, the individual's age at the time, the nexus between the conviction or offense and job duties, and the individual's employment history and references. **C) Submission:** Submit Criminal History Records (CHR) Requests via confidential fax at (704) 319-9223 OR hand deliver to: HR Compliance at 700 East 4th Street, Charlotte, NC 28202. Forms require the candidate's signature and date. **D) Inquiries:** For questions or status inquiries, you may call 704-432-5595 or email HR.Compliance@MecklenburgCountyNC.gov

Last Name: _____ PRINT NAME First Name: _____ PRINT NAME

Middle Name: _____ PRINT NAME Other Name: _____ PRINT NAME

Social Security No: _____ PRINT NAME Position Applied For: _____

Date of Birth: _____ Sex: _____ Race: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Authorization to conduct background check: I hereby authorize Mecklenburg County Government and/or its agent to furnish Mecklenburg County Government my criminal history report in connection with my employment or potential employment (including contract for services) with Mecklenburg County Government. I certify that the statements made by me on this form 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 made herein may result in dismissal from or ineligibility to be hired by Mecklenburg County Government.

Signature: _____ Telephone: _____ Date: _____

HR Recruiter: _____ Telephone: _____ Date: _____

Authorized Human Resources Signatures: HR Compliance Administrator / Sr. HR Manager

Authorization: _____ Rcvd: _____

Recommendation & Date _____: _____ HIRE ___ NOT HIRE ___ ADDITIONAL INFO

APPLICANT'S DISCLOSURE & AUTHORIZATION FOR BACKGROUND SCREENING

APPLICANT INFORMATION (Please Print)

Account Number: 101-100551

Applicant Name: (First Middle Last)	Current Address: (street address)
Other Name(s) Used: (like Maiden)	City: _____ State: _____ Zip: _____
Gender: * <input type="checkbox"/> Male <input type="checkbox"/> Female	Former Address: (1)
Social Security No:*	City: _____ State: _____ Zip: _____
Driver's License No.: _____ State: _____	Former Address: (2)
Date of Birth: * _____ Place of Birth: (City, State, Country)	City: _____ State: _____ Zip: _____

* This information will be used for purposes of background screening only and will not be used in making any employment decisions.

DISCLOSURE AND AUTHORIZATION

NOTICE REGARDING BACKGROUND INVESTIGATION

Employer ("the Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates, including motor vehicle record (or "driving record") checks, workers compensation records, credit bureau files, employment references, personal references, drug screening, any educational and licensing institution or military branch and to receive any criminal record information pertaining to you which may be in the files of any Federal, State or Local criminal justice agency in Georgia or any other State. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by InfoMart, 1582 Terrell Mill Road, Marietta, GA 30067, 800-800-3774 or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing Employer to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by [the consumer reporting agency], another outside organization acting on behalf of Employer, and/or Employer itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law.

APPLICANT:

Signature: _____

Date: ____ / ____ / ____

Print Name: _____



Fax to (770) 984-8997

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you - such as if you pay your bills on time or have filed bankruptcy to creditors, employers, landlords, and other businesses. Others compile information regarding your work history and criminal conviction information, which is used to evaluate your suitability for a job. You can find the complete text of the FCRA 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you - such as denying an application for credit, insurance, or employment - must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
 - **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars
- Effective September 2005, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs - to which it has provided the data - of any error) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
 - **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be

verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

- **You can dispute inaccurate items with the source of the information.** If you tell anyone - such as a creditor who reports to a CRA - that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA - usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court. If you win, the defendant may have to pay damages and reimburse you for attorney fees. If you lose and the court finds you sued in bad faith, you or your attorney may have to pay the defendant's fees.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

If you have questions or believe your file contains errors, call our toll free number.

InfoMart Consumer Compliance Department
1582 Terrell Mill Road, Marietta, Georgia 30067
1-800-800-3774, ext 1000

FOR QUESTIONS OR CONCERNS REGARDING	PLEASE CONTACT
CRAs, creditors and others not listed	Federal Trade Commission Customer Response Center - FCRA Washington, DC 20580 202-326-3761
National banks, federal branches/agencies of foreign banks	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal Credit Unions	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
State chartered banks that are not members of the Federal Reserve System	Federal Deposit and Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
Air surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051



MECKLENBURG COUNTY – Human Resources

Hello,

Mecklenburg County is pleased to extend you a contingent offer of employment for the _____ position within the Park and Recreation Department. You will report to _____. This is a Limited Part Time, nonexempt position with an hourly salary of _____. This position will begin on the official date reflected in MyHR.

PROVISIONAL PERIOD

Every new employee will serve an initial provisional period. The purpose of the provisional period is to allow the supervisor time to evaluate the performance of a new employee. If, at any time during your provisional period, it is determined that you do not or cannot meet the required work standard of the position, you may be terminated and you would not have the right of appeal. **Your provisional period will be for 3 months.** This provisional period will start on your first day of employment.

If you wish to accept this offer, please sign on the designated area below.

This job offer is contingent upon successfully meeting all pre-employment requirements, including (but not limited to):

- **Employment Eligibility:** Verification of identity and eligibility to work in the United States, as required by the U.S. Citizenship and Immigration Services within the first three days of your employment.
- **Drug Testing:** This is a pre-employment screen for the presence of drugs in your system. If you fail to show-up for the test at the appointed time or if the test indicates the presence of drugs, other than those used for legitimate medical purposes, you will be disqualified from employment.
- **Background Checks:** Satisfactorily meeting County's requirement of background screening. The screening includes verification of identity, previous employment history, a criminal background check, a motor vehicle report, a verification of educational and employment histories and degrees, a reference check, and a verification of required licenses, certifications and/or credentials.
- **Application:** Satisfactorily and accurately completing the application for employment process.

PEOPLE • PRIDE • PROGRESS • PARTNERSHIPS

700 East Fourth Street • Charlotte, North Carolina 28202-2836 • (704) 336-2931 Fax (704) 336-7930
www.4citizenhelp.com



MECKLENBURG COUNTY – Human Resources

LIMITED PART TIME ORIENTATION

As a new Limited Part Time employee, you will be required to complete your orientation within the first five days of your new employment designation. Your orientation will be available on MeckEDU.

Instructions for MeckEDU:

Go to MeckEDU: www.meckedu.com

** If using a County/Library Computer, the MeckEDU icon is located on the desktop.

Select: New Employee Orientation Catalog

Select: Limited Part Time

If you have any questions or concerns, now or throughout your employment regarding your employment, please call the Employee Service Center at 704-432-6947.

WELCOME

Congratulations on having been made a contingent offer of employment with Mecklenburg County. Public service is a long and honored tradition in our community; it is our sincere hope that as a Mecklenburg County employee, you will find your own experience in that tradition to be both fulfilling and rewarding. As such, we look forward to sharing with you our pride in providing services to citizens of our community.

If you are in agreement with the above employment offer details, please sign below.

Signature: _____ Date: _____

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