

APPLICATION for EMPLOYMENT

GENERAL ASSEMBLY OF NORTH CAROLINA

STATE LEGISLATIVE BUILDING
16 W. Jones Street
Raleigh, NC 27601

Date of Application _____

Last Name	First Name	Middle Name
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Address (Street number and name)	City	County
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State	Zip Code	Phone (Home or where you can be reached)	Business Phone
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Email Address (optional): _____

Availability Do you now work for the State of NC? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you related by blood or marriage to any candidate for or member of the NC General Assembly? (If yes, give name and relationship) <input type="checkbox"/> YES <input type="checkbox"/> NO _____ Are you related by blood or marriage to any person now working for the State? (If yes, give name and relationship) <input type="checkbox"/> YES <input type="checkbox"/> NO _____	If subject to Military Selective Service registration, certify compliance by initialing dotted line
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Military Service
Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training? YES NO
Do you have a service-connected disability? YES NO
At the time of this application, are you the spouse or dependent of a deceased veteran who died from service-related reasons? YES NO
At the time of this application, are you the spouse of a disabled veteran? YES NO
Give dates of your (or spouse's) qualifying active military service:
Entered: _____ Separated: _____ Branch: _____ Rank: _____
Are you a member of the Military Reserves? YES NO Branch: _____ Rank: _____

AGENCY USE ONLY: ELIGIBILITY FOR VETERAN'S PREFERENCE: YES NO

CHECK the types of work you will accept: 1. Permanent 2. Temporary
If you are not available for work now, enter the earliest date you could begin work (mo/day/yr) _____

Jobs Applied For
Enter below the specific title and vacancy number of the job for which you are applying.
Job Title: _____ Vacancy Number: _____

Referral Source (How did you find out about this position?)
Please indicate: _____

Have you ever worked for the North Carolina General Assembly? YES NO
If yes, list the dates and positions held in each:

Are you retired under the Teachers and State Employees Retirement System? YES NO.
If yes, it is your responsibility to consult with the Retirement Systems Division of the Office of State Treasurer regarding the effect employment with the NC General Assembly will have on your retirement.

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
Under S/Q Hrs., list the hours of credit received and if they were semester (S) or quarter (Q) hours.

Schools	Name and Location	Dates Attended (mo/yr)		Grad?	S/Q Hrs.	Major/Minor Course Work	Type of Degree Received
		From:	To:				
High School				YES <input type="checkbox"/> NO <input type="checkbox"/>			
College(s) University(ies)				YES <input type="checkbox"/> NO <input type="checkbox"/>			
Graduate or Professional				YES <input type="checkbox"/> NO <input type="checkbox"/>			
Other educational, vocational school, internships, etc.				YES <input type="checkbox"/> NO <input type="checkbox"/>			

Current professional status: (List fields of work for which you have been registered, licensed or certified)
Registration: _____ State: _____ No. _____
Registration: _____ State: _____ No. _____

If the job applied for calls for specific courses, indicate those courses taken and credits received:

Membership in professional, honorary, or technical societies (list):	DO NOT COMPLETE THIS BLOCK DEGREES AND PROFESSIONAL CREDENTIALS <input type="checkbox"/> Have been verified <input type="checkbox"/> Will be verified within 90 days (G.S. 126-30) Person Responsible:
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Name: _____

SKILLS					
CHECK the following skills, experiences, etc., which you have:					
<input type="checkbox"/> Driver's License	_____	_____	<input type="checkbox"/> Word Processing	_____	<input type="checkbox"/> Legal transcription
	Number	State	<input type="checkbox"/> Foreign language (specify) _____		<input type="checkbox"/> Medical transcription
<input type="checkbox"/> Chauffeur's License	_____	_____	<input type="checkbox"/> Adding Machine/calculator	_____	<input type="checkbox"/> Braille
	Number	State	<input type="checkbox"/> Typing (specify WPM) _____		<input type="checkbox"/> Sign language
<input type="checkbox"/> Car for use at work			<input type="checkbox"/> Shorthand/speedwriting (specify WPM) _____		<input type="checkbox"/> Other _____

Have you ever been convicted of an offense against the law other than a minor traffic violation? (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 (If yes, explain fully on an additional sheet.)

WORK HISTORY (include volunteer experience) Use Additional Sheets if Necessary

Current or Last Employer:		Address:			
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:	
Date Employed (mo/yr)	Starting Salary \$ _____ per	Ending or Current Salary \$ _____ per	Reason for Leaving	May We Contact Employer YES <input type="checkbox"/> NO <input type="checkbox"/>	
Date Separated (mo/yr)	Duties:				
Full Time Years Months					
Part Time Years Months					
If part time, number of hours worked per week:					
Employer:		Address:			
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:	
Date Employed (mo/yr)	Starting Salary \$ _____ per	Ending or Current Salary \$ _____ per	Reason for Leaving		
Date Separated (mo/yr)	Duties:				
Full Time Years Months					
Part Time Years Months					
If part time, number of hours worked per week:					
Employer:		Address:			
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:	
Date Employed (mo/yr)	Starting Salary \$ _____ per	Ending or Current Salary \$ _____ per	Reason for Leaving		
Date Separated (mo/yr)	Duties:				
Full Time Years Months					
Part Time Years Months					
If part time, number of hours worked per week:					
Employer:		Address:			
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:	
Date Employed (mo/yr)	Starting Salary \$ _____ per	Ending or Current Salary \$ _____ per	Reason for Leaving		
Date Separated (mo/yr)	Duties:				
Full Time Years Months					
Part Time Years Months					
If part time, number of hours worked per week:					

1. I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information, false documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal, and/or criminal action. I further understand that dismissal shall be mandatory if fraudulent information is given to meet position qualifications (Authority: G.S. 126-30, G.S. 14-122.1).

2. I understand that General Assembly employees are not subject to the State Personnel Act. General Assembly employees serve "at the pleasure" of the Legislative Services Commission. This means that employment may be terminated with or without cause and/or advance notice by either the employer or the employee. However, termination by the employer may not occur due to discrimination prohibited by law.

Signature of Applicant (unsigned applications will not be processed) _____
Date