

**EMPLOYMENT APPLICATION**



State of North Carolina  
**NOTE: Apply to the department listed on posting**

**An Equal Opportunity Employer, North Carolina - State Government**  
<http://www.oshr.nc.gov/jobs/index.html> (<http://www.oshr.nc.gov/jobs/index.html>)

**Received:**  
**For Official Use Only:**  
 QUAL: \_\_\_\_\_  
 DNQ: \_\_\_\_\_  
 Experience  
 Training  
 Other: \_\_\_\_\_

**PERSONAL INFORMATION**

<b>POSITION TITLE:</b>		<b>Job Number:</b>	
<b>NAME:</b> (Last, First, Middle)		<b>Last Four Digits of Social Security Number:</b>	
<b>Former Last Name (if applicable):</b>		<b>Date And Month of Birth:</b>	
<b>ADDRESS:</b> (Street, City, State/Province, Zip Code)			
<b>HOME PHONE:</b>		<b>ALTERNATE PHONE:</b>	
<b>EMAIL ADDRESS:</b>			
<b>DRIVER'S LICENSE:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>DRIVER'S LICENSE:</b> State/Province: Number:	<b>DRIVER'S LICENSE:</b> Class:	<b>LEGAL RIGHT TO WORK IN THE UNITED STATES?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

**PREFERENCES**

<b>WHAT IS YOUR MINIMUM COMPENSATION REQUIREMENT?</b>	<b>ARE YOU WILLING TO RELOCATE?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe
<b>SHIFTS YOU WILL ACCEPT: Please check all that apply.</b> <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/> Rotating <input type="checkbox"/> Weekends <input type="checkbox"/> On Call (as needed)	
<b>WHAT TYPE OF JOB ARE YOU LOOKING FOR? Please check all that apply.</b> <input type="checkbox"/> Regular <input type="checkbox"/> Temporary	
<b>TYPES OF WORK YOU WILL ACCEPT: Please check all that apply.</b> <input type="checkbox"/> Permanent Full Time <input type="checkbox"/> Permanent Part Time <input type="checkbox"/> Temporary Full Time <input type="checkbox"/> Temporary Part Time	
<b>OBJECTIVE:</b>	

**EDUCATION**

<b>SCHOOL NAME:</b>	<b>SCHOOL TYPE:</b> <input type="checkbox"/> High School <input type="checkbox"/> College/University <input type="checkbox"/> Graduate/Professional <input type="checkbox"/> Other (Vocational/Internship)	<b>DATES ATTENDED:</b>
<b>LOCATION:</b> (City, State/Province)	<b>DID YOU GRADUATE?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>DEGREE RECEIVED:</b>
<b>MAJOR:</b>		<b>UNITS COMPLETED:</b>
<b>WEBSITE:</b>		<b>UNIT TYPE:</b>
<b>SCHOOL NAME:</b>	<b>SCHOOL TYPE:</b> <input type="checkbox"/> High School <input type="checkbox"/> College/University <input type="checkbox"/> Graduate/Professional <input type="checkbox"/> Other (Vocational/Internship)	<b>DATES ATTENDED:</b>
<b>LOCATION:</b> (City, State/Province)	<b>DID YOU GRADUATE?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>DEGREE RECEIVED:</b>

<b>MAJOR:</b>		<b>UNITS COMPLETED:</b>
<b>WEBSITE:</b>		<b>UNIT TYPE:</b>
<b>SCHOOL NAME:</b>	<b>SCHOOL TYPE:</b> <input type="checkbox"/> High School <input type="checkbox"/> College/University <input type="checkbox"/> Graduate/Professional <input type="checkbox"/> Other (Vocational/Internship)	<b>DATES ATTENDED:</b>
<b>LOCATION:</b> (City, State/Province)	<b>DID YOU GRADUATE?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>DEGREE RECEIVED:</b>
<b>MAJOR:</b>		<b>UNITS COMPLETED:</b>
<b>WEBSITE:</b>		<b>UNIT TYPE:</b>

**WORK EXPERIENCE**

<b>DATES:</b>	<b>EMPLOYER:</b>	<b>POSITION TITLE:</b>
<b>ADDRESS:</b> (Street, City, State/Province, Zip Code)		<b>COMPANY URL:</b>
<b>PHONE NUMBER:</b>	<b>SUPERVISOR:</b>	<b>MAY WE CONTACT THIS EMPLOYER?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>HOURS PER WEEK:</b>	<b># OF EMPLOYEES SUPERVISED:</b>	

**DUTIES:**

**REASON FOR LEAVING:**

<b>DATES:</b>	<b>EMPLOYER:</b>	<b>POSITION TITLE:</b>
<b>ADDRESS:</b> (Street, City, State/Province, Zip Code)		<b>COMPANY URL:</b>
<b>PHONE NUMBER:</b>	<b>SUPERVISOR:</b>	<b>MAY WE CONTACT THIS EMPLOYER?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>HOURS PER WEEK:</b>	<b># OF EMPLOYEES SUPERVISED:</b>	

**DUTIES:**

**REASON FOR LEAVING:**

<b>DATES:</b>	<b>EMPLOYER:</b>	<b>POSITION TITLE:</b>
---------------	------------------	------------------------

<b>ADDRESS:</b> (Street, City, State/Province, Zip Code)		<b>COMPANY URL:</b>
<b>PHONE NUMBER:</b>	<b>SUPERVISOR:</b>	<b>MAY WE CONTACT THIS EMPLOYER?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>HOURS PER WEEK:</b>	<b># OF EMPLOYEES SUPERVISED:</b>	
<b>DUTIES:</b>		
<b>REASON FOR LEAVING:</b>		

**CERTIFICATES AND LICENSES**

<b>TYPE:</b>	
<b>LICENSE NUMBER:</b>	<b>ISSUING AGENCY:</b>

**SKILLS**

<b>OFFICE SKILLS:</b>
<b>OTHER SKILLS:</b>
<b>LANGUAGE(S):</b>

**REFERENCES**

<b>REFERENCE TYPE:</b>	<b>NAME:</b>	<b>POSITION:</b>
<b>ADDRESS:</b> (Street, City, State/Province, Zip Code)		
<b>EMAIL ADDRESS:</b>	<b>PHONE NUMBER:</b>	

<b>REFERENCE TYPE:</b>	<b>NAME:</b>	<b>POSITION:</b>
<b>ADDRESS:</b> (Street, City, State/Province, Zip Code)		
<b>EMAIL ADDRESS:</b>	<b>PHONE NUMBER:</b>	

<b>REFERENCE TYPE:</b>	<b>NAME:</b>	<b>POSITION:</b>
------------------------	--------------	------------------

**ADDRESS:** (Street, City, State/Province, Zip Code)

**EMAIL ADDRESS:**

**PHONE NUMBER:**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**