



# New Hanover County Employment Application

Department of Human Resources  
230 Government Center Drive – Suite 135  
Wilmington, NC 28403  
Office: 910.798.7178 Fax: 910.798.7179  
Internet: www.nhcgov.com

<b>For Official Use Only</b>
Requisition Number: _____
Date Received: _____

Print or type this application and be sure to completely answer **ALL** questions so that we may fully and accurately evaluate your qualifications. You must submit a separate application for each position for which you wish to apply.

Name: \_\_\_\_\_ Last 6 digits of SSN: \_\_\_\_\_  
(First) (Middle) (Last)

Position Applied For: \_\_\_\_\_ Date: \_\_\_\_\_  
(This position must be currently available.)

Tell us how you heard about this position. (Check only one block.)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> 01-Wilmington Star-News            | <input type="checkbox"/> 06-Employment Security Commission       | <input type="checkbox"/> 11-NHC Employee            |
| <input type="checkbox"/> 02-Wilmington Journal              | <input type="checkbox"/> 07-Job Information Line                 | <input type="checkbox"/> 12-Job Fair/Conference     |
| <input type="checkbox"/> 03-Challenger Newspaper            | <input type="checkbox"/> 08-NHC-TV Channel                       | <input type="checkbox"/> 13-Posting                 |
| <input type="checkbox"/> 04-Raleigh News & Observer         | <input type="checkbox"/> 09-Radio Ad                             | <input type="checkbox"/> 14-Internet (specify site) |
| <input type="checkbox"/> 05-Other Newspaper (specify) _____ | <input type="checkbox"/> 10-Professional Journal (specify) _____ | <input type="checkbox"/> 15-Other (specify) _____   |

Mailing Address: \_\_\_\_\_  
(Street or PO Box) (Apt. #) (City) (State) (Zip)

Contact Information: \_\_\_\_\_  
(Home Phone) (Business Phone) (Cell Phone) (E-Mail Address)

If none, where can you be reached by phone? \_\_\_\_\_

Are you a citizen of the U.S.?  Yes  No      If no, are you authorized to work in the U.S.?  Yes  No

*\*Proof of citizenship or immigration status will be required upon employment.*

Please provide the information requested below. This information is necessary for statistical purposes only (Equal Employment Opportunity) and will be retained separate from the application for employment.

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Name: \_\_\_\_\_ Last 6 digits of SSN: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Ethnic Group:  (01) White     (04) Asian/Pacific Islander    Sex:  (M)male     (F)female  
 (02) Black     (05) American Indian/Alaskan Native    Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 (03) Hispanic     (06) Other \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_



**WORK EXPERIENCES:** Beginning with your present or last work experience, provide information on any work experiences you have had including military, volunteer, internships and formal employment. You may attach a résumé to supplement the requested information, *but do not leave anything out*. If you need more space, attach another page.

A. Title of present or last position \_\_\_\_\_ Starting salary \_\_\_\_\_ Last salary \_\_\_\_\_

Date Employed:			Name & title of supervisor _____	
Date Separated:			Employer _____	# supervised by you _____
Full-time:	Years	Months	Address _____	Telephone _____
			Duties: _____	
Part-time:	Years	Months	_____	
If part-time, number of hours worked per week			Reason for leaving or looking to leave _____	

B. Title of next to last position \_\_\_\_\_ Starting salary \_\_\_\_\_ Last salary \_\_\_\_\_

Date Employed:			Name & title of supervisor _____	
Date Separated:			Employer _____	# supervised by you _____
Full-time:	Years	Months	Address _____	Telephone _____
			Duties: _____	
Part-time:	Years	Months	_____	
If part-time, number of hours worked per week			Reason for leaving _____	

C. Title of next position \_\_\_\_\_ Starting salary \_\_\_\_\_ Last salary \_\_\_\_\_

Date Employed:			Name & title of supervisor _____	
Date Separated:			Employer _____	# supervised by you _____
Full-time:	Years	Months	Address _____	Telephone _____
			Duties: _____	
Part-time:	Years	Months	_____	
If part-time, number of hours worked per week			Reason for leaving _____	

D. Title of next position \_\_\_\_\_ Starting salary \_\_\_\_\_ Last salary \_\_\_\_\_

Date Employed:			Name & title of supervisor _____	
Date Separated:			Employer _____	# supervised by you _____
Full-time:	Years	Months	Address _____	Telephone _____
			Duties: _____	
Part-time:	Years	Months	_____	
If part-time, number of hours worked per week			Reason for leaving _____	

E. Title next position \_\_\_\_\_ Starting salary \_\_\_\_\_ Last salary \_\_\_\_\_

Date Employed:			Name & title of supervisor _____	
Date Separated:			Employer _____	# supervised by you _____
Full-time:	Years	Months	Address _____	Telephone _____
			Duties: _____	
Part-time:	Years	Months	_____	
If part-time, number of hours worked per week			Reason for leaving _____	

Applicant Name \_\_\_\_\_  
 Last 6 digits of SSN \_\_\_\_\_  
 Position Applied For \_\_\_\_\_

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**WORK EXPERIENCES CONTINUED:**

F. Title next position \_\_\_\_\_ Starting salary \_\_\_\_\_ Last salary \_\_\_\_\_

Date Employed:			Name & title of supervisor _____	
Date Separated:			Employer _____ # supervised by you _____	
Full-time:	Years	Months	Address _____ Telephone _____	
Duties:			_____	
Part-time:	Years	Months	_____	
If part-time, number of hours worked per week			Reason for leaving _____	

G. Title next position \_\_\_\_\_ Starting salary \_\_\_\_\_ Last salary \_\_\_\_\_

Date Employed:			Name & title of supervisor _____	
Date Separated:			Employer _____ # supervised by you _____	
Full-time:	Years	Months	Address _____ Telephone _____	
Duties:			_____	
Part-time:	Years	Months	_____	
If part-time, number of hours worked per week			Reason for leaving _____	

H. Title next position \_\_\_\_\_ Starting salary \_\_\_\_\_ Last salary \_\_\_\_\_

Date Employed:			Name & title of supervisor _____	
Date Separated:			Employer _____ # supervised by you _____	
Full-time:	Years	Months	Address _____ Telephone _____	
Duties:			_____	
Part-time:	Years	Months	_____	
If part-time, number of hours worked per week			Reason for leaving _____	

I. Title next position \_\_\_\_\_ Starting salary \_\_\_\_\_ Last salary \_\_\_\_\_

Date Employed:			Name & title of supervisor _____	
Date Separated:			Employer _____ # supervised by you _____	
Full-time:	Years	Months	Address _____ Telephone _____	
Duties:			_____	
Part-time:	Years	Months	_____	
If part-time, number of hours worked per week			Reason for leaving _____	

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

**REFERENCES**

List three persons who are familiar with your qualifications for employment:

(1) **Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Street or PO Box) (City) (State) (Zip) (Phone)

(2) **Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Street or PO Box) (City) (State) (Zip) (Phone)

(3) **Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Street or PO Box) (City) (State) (Zip) (Phone)

Have you worked for New Hanover County (NHC) before?  Yes  No Dept.: \_\_\_\_\_ When: \_\_\_\_\_

Are you related to any person employed by NHC?  Yes  No Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

If hired, when can you report to work? \_\_\_\_\_

Name(s) under which you have worked or been educated, if different from present name: \_\_\_\_\_

Are you capable of performing the activities involved in the job for which you have applied with or without reasonable accommodation?  Yes  No

Have you **EVER** been convicted, under any name, of an offense against the law, other than a minor traffic violation? Offenses include, but are not limited to, driving while impaired, simple worthless check, and **ANY** misdemeanor or felony, even if resolved outside of court. 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, fully explain each, giving dates and details. Use additional sheets, if necessary, and sign and date each.

**APPLICANT SIGNATURE** (Read carefully before signing below)

I certify this application truly represents my background and experience. I understand that failure to give complete information, falsification, or misrepresentation may prevent my being hired, and if discovered after hiring, may be grounds for immediate dismissal. I authorize investigation of all information given in this application. This includes, but may not be limited to:

- Driver’s record check, if necessary for the job;
- Criminal background check;
- Reference checks from current and previous employers and/or supervisors;
- Educational institutions;
- Registration and licensing boards;
- Any other information submitted on or attached to this application.

I FURTHER UNDERSTAND THAT IF HIRED AS A NEW HANOVER COUNTY EMPLOYEE, I MAY BE REQUIRED TO WORK DURING EMERGENCY SITUATIONS IN ADDITION TO THE DUTIES ASSIGNED TO THIS POSITION.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

NEW HANOVER COUNTY IS COMMITTED TO EQUALITY IN ADMISSION OR ACCESS TO, OR TREATMENT OR EMPLOYMENT IN, ITS PROGRAMS AND ACTIVITIES AND DOES NOT DISCRIMINATE AGAINST APPLICANTS OR EMPLOYEES BASED ON RACE, COLOR, NATIONAL ORIGIN, RELIGION, SEX, AGE OR DISABILITY.