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| **APPLICATION FOR EMPLOYMENT** Southwestern Child Development Commission, Inc. 05/19/2016 |

## Instructions to Applicants

**TO BE CONSIDERED FOR SWCDC EMPLOYMENT, YOU MUST ANSWER ALL QUESTIONS AND COMPLETE ALL SECTIONS OF THIS APPLICATION FORM**.

SWCDC EMPLOYS ONLY US CITIZENS OR ALIENS WHO CAN PROVIDE PROOF OF IDENTITY AND WORK AUTHORIZATION WITHIN 3 WORKING DAYS OF EMPLOYMENT.

**WHEN COMPLETING THIS APPLICATION, PLEASE MAKE SURE YOU**

* COMPLETE THE SECTION FOR EQUAL OPPORTUNITY INFORMATION.
* APPLY FOR ONE VACANCY PER APPLICATION.
* IF YOU ARE A RIF APPLICANT WITH PRIORITY- PLEASE CHECK THE APPROPRIATE BOX.
* GIVE COMPLETE INFORMATION ON YOUR EDUCATION AND WORK HISTORY (“SEE RESUME” IS NOT ACCEPTABLE).
* LIST SEPARATELY EACH JOB HELD AND YOUR DUTIES FOR EACH POSITION WHEN YOU WORKED FOR ONE EMPLOYER AND HELD MORE THAN ONE POSITION.
* AS YOU DESCRIBE YOUR WORK HISTORY, MAKE SURE YOU HIGHLIGHT YOUR COMPETENCIES (KNOWLEDGE, SKILLS, ABILITIES AND WORK BEHAVIORS) WHICH DEMONSTRATE YOUR QUALIFICATIONS FOR THE POSITION FOR WHICH YOU ARE APPLYING.
* PROVIDE ONLY THE LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER.
* CHECK FOR ACCURACY, SIGN AND DATE YOUR APPLICATION.

THANK YOU FOR YOUR INTEREST IN SWCDC. THE COMMISSION WANTS TO FIND THE BEST QUALIFIED PEOPLE AVAILABLE. ALTHOUGH EVERYONE WHO APPLIES CANNOT BE HIRED, YOUR APPLICATION WILL BE GIVEN EVERY CONSIDERATION.

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| Equal Opportunity Information SWCDC policy prohibits discrimination based on race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, The information requested below will in no way affect you as an applicant. Its sole use will be to see how well our recruitment efforts are reaching all segments of the population. | | | |
| Date of Birth   (Month) (Day) (Year) Gender   Male Female | **DISABILITY**: “Disability means, with respect to an individual: (1) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (2) a record of such an impairment; or (3) being regarded as having such an impairment” (Americans with Disabilities Act of 1990). Persons without a disability should check item A.  The reporting of a **disability is strictly VOLUNTARY**. Persons with disabilities who **DO NOT WISH** to report their disabilities should check item A. Information reported on this form will be kept confidential as required by law. | | |
| **ETHNIC GROUP**  1.  White (non-Hispanic)  2.  Black (non-Hispanic)  3.  Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race)  4.  Asian (including Pacific  Islander)  5.  American Indian (including  Alaskan native) | | **A**  None/Prefer not to report  **B**  Blind or severely visually  impaired  **C**  Deaf or severely hearing  impaired  **D**  Loss of limited use of arms  and/or hands  **E**  Non-ambulatory (must use  wheelchair)  **F**  Other orthopedic impairment  (including amputation, arthritis,  back injury, cerebral palsy, spina  bifida, etc.) | **G**  Respiratory impairment  **H**  Nervous system/Neurological  disorder  **I**  Mentally restored  **J**  Mental retardation  **K**  Learning disability  **L**  Others (heart disease, diabetes,  speech impairment)  **M**  Other (please specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **APPLICATION FOR EMPLOYMENT** | | | | | | | | | **SWCDC** | | | | | Date of Application | | |
| Last 4 digits of Social Security No. | | Last Name | | | | | | First Name | | | | | | Middle Name/ | |
| Address (Street number and name) | | | | | | City | | | | | | | | County | |
| STATE | | | Zip Code | | Phone (Home or where you can be reached) | | | | | | Business Phone | | | | |
| **Availability**  Do you now work for the SWCDC?  YES  NO | **Are you a layoff candidate with SWCDC eligible for RIF:  YES  NO**  **Notification Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Are you related by blood or marriage to any person now working for SWCDC?  YES  NO  If yes, give name, relationship to you and the dept/center where employed. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | If subject to Military Selective Service registration, certify compliance by initialing dotted line  ... | | |
| **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 wish to declare a service-connected disability?  YES  NO  At the time of this application, are you the surviving spouse or dependent of a deceased veteran who died from service-related reasons?  YES  NO  Do you wish to declare eligibility for veterans preference as the spouse of a disabled veteran?  YES  NO  Give dates of your (or spouse’s) qualifying active military service:  Entered:       Separated:       Branch:       Rank  **AGENCY USE ONLY:** ELIGIBILITY FOR VETERAN’S PREFERENCE:  YES  NO | | | | | | | | | | | | | | | |
| CHECK the types of work you will accept:  1. Regular full-time  2. Regular part-time  3. Temporary full-time  4. Temporary part-time  5. Any of the preceding  6. Work involving Travel  7. Shift or Split Shift Work  If you are not available for work now, enter the earliest date you could begin work (mo/day/yr.)  Llist below the NC counties in which you would be willing to work.  1. 2. 3. 4. 5 | | | | | | | | | | | | | | | |
| **Job Applied For**  Enter below the specific title and of the job for which you are applying.  Job Title: | | | | | | | | | | | | | | | |
| **Referral Source**  Please indicate your referral source  If you were referred by the Employment Security Commission (NC WORKS) please indicate which local office**:** | | | | | | | | | | | | | | | |
| **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)  From: To: | | | Grad? | | | S/Q Hrs. | | Major/Minor Course Work | | | Type of Degree Received |
| High School |  | | |  | | | YES  NO | | |  | |  | | | Diploma |
| College(s)  University (s) |  | | |  | | | YES  NO | | |  | |  | | |  |
| Graduate or  Professional |  | | |  | | | YES  NO | | |  | |  | | |  |
| Other educational, vocational school, internships, etc. |  | | |  | | | YES  NO | | |  | |  | | |  |
| Special training programs and seminars you have completed in the last five years (list): | | | | | | | | | | | | | | | |
| If the job(s) applied for calls for specific courses, indicate those courses taken and credits received: | | | | | | | | | | | | | | | |
| Current professional status: (List fields of work for which you have been registered)  Registration:       State:       No.  Registration:       State:       No. | | | | | | | | | | | | | | | |
| Membership in professional, honorary, or technical societies (list): | | | | | | | **DO NOT COMPLETE THIS BLOCK**  DEGREES AND PROFESSIONAL CREDENTIALS  Have been verified  Will be verified within 90 days (G.S. 126-30)  Person Responsible: | | | | | | | | |

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| **Licenses and certifications (List, giving dates and sources of issuance):** | | | | | | | |
| **SKILLS**  CHECK the following skills, experiences, etc., which you have: | | | | | | | |
| Driver’s License  Number State  Chauffeur’s License  Number State  Car for use at work | | Sign Language  Foreign language (specify)  Adding Machine/calculator  Typing (specify WPM)  Shorthand/speedwriting (specify WPM) | | | Legal transcription  Medical transcription  Braille  Word Processing  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. As you describe your work history experiences, make sure you highlight your competencies which demonstrate your qualifications for the position for which you are applying. | | | | | | | |
| Current or Last Employer: | | | Address: | | | | |
| Job Title: | | | Supervisor’s Name | Telephone Number | | | No. Supervised by you:  0 |
| Date Employed (mo/yr) | Starting Salary  . per | | Ending or Current Salary  . per | Reason for Leaving | | | May We Contact Employer  YES  NO |
| Date Separated (mo/yr)    Full Time Years Months    Part Time Years Months         If part time, number of hours worked per week: | List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job: | | | | | | |
| Employer: | | | Address: | | | | |
| Job Title: | | | Supervisor’s Name | Telephone Number | | | No. Supervised by you:  0 |
| Date Employed (mo/yr) | Starting Salary  per | | Ending or Current Salary  per | Reason for Leaving | | | |
| Date Separated (mo/yr)    Full Time Years Months    Part Time Years Months    If part time, number of hours worked per week: | List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job: | | | | | | |
| 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)    Full Time Years Months    Part Time Years Months    If part time, number of hours worked per week: | List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job: | | | | | | |
| 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 or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications. | | | | | | | |
| Signature of Applicant (unsigned applications will not be processed)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |