

**WAKE COUNTY GOVERNMENT**  
**APPLICATION FOR EMPLOYMENT**  
(PLEASE PRINT)

**PERSONAL DATA**

FIRST NAME	MIDDLE NAME	LAST NAME	
ADDRESS (Street Number and Name)		CITY	STATE      ZIP CODE
PHONE (Home, Cell or Other Number Where You Can Be Reached)  (       )		EMAIL	

**AVAILABILITY**

<ul style="list-style-type: none"><li>When are you available to begin employment?</li><li>Check the types of work you will accept:<ul style="list-style-type: none"><li><input type="checkbox"/> Regular Full-Time</li><li><input type="checkbox"/> Temporary Full-Time</li><li><input type="checkbox"/> Rotating Shifts</li></ul></li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> Regular Part-Time</li><li><input type="checkbox"/> Temporary Part-Time</li><li><input type="checkbox"/> Night Work</li></ul> <ul style="list-style-type: none"><li><input type="checkbox"/> Weekends</li><li><input type="checkbox"/> Any of the above</li></ul>
<ul style="list-style-type: none"><li>Position Applied For</li></ul>	<div style="border-top: 1px solid black; padding-top: 5px;"><i>Position Title</i></div>

**EDUCATION**

	HIGH SCHOOL	VOCATIONAL/ TECHNICAL SCHOOL	COLLEGE/ UNIVERSITY	GRADUATE/ PROFESSIONAL
School Name				
Dates Attended (mo/yr)	From:      To:	From:      To:	From:      To:	From:      To:
Diploma/Degree Received				
Course of Study	N/A			

**TRAINING**

List fields of work for which you have been registered, licensed or certified			
Registration:	State:	No.:	Exp. Date:
Registration:	State:	No.:	Exp. Date:
List internships, specific courses, workshops, training and/or rotations you may have had that relate to the position you are applying for.			

# EMPLOYMENT HISTORY

Using a separate section for each position, describe in detail all work experience beginning with your present or most recent job. Include periods of unemployment, self-employment, military service, internships, and volunteer and summer work. Incomplete information will result in the disqualification of your application.

May we contact your present employer?    ☐ Yes    ☐ No

<b>A</b>	Employer: (Present or most recent)	
	Job Title:	
	Date Employed: (mo/yr)	Date Separated: (mo/yr)
	Job Duties: (Be specific)	

<b>B</b>	Employer: (Present or most recent)	
	Job Title:	
	Date Employed: (mo/yr)	Date Separated: (mo/yr)
	Job Duties: (Be specific)	

<b>C</b>	Employer: (Present or most recent)	
	Job Title:	
	Date Employed: (mo/yr)	Date Separated: (mo/yr)
	Job Duties: (Be specific)	

<b>D</b>	Employer: (Present or most recent)	
	Job Title:	
	Date Employed: (mo/yr)	Date Separated: (mo/yr)
	Job Duties: (Be specific)	

# EMPLOYMENT HISTORY CONTINUED

**E**

Employer: (Present or most recent)

Job Title:

Date Employed: (mo/yr)

Date Separated: (mo/yr)

Job Duties: (Be specific)

**F**

Employer: (Present or most recent)

Job Title:

Date Employed: (mo/yr)

Date Separated: (mo/yr)

Job Duties: (Be specific)

**G**

Employer: (Present or most recent)

Job Title:

Date Employed: (mo/yr)

Date Separated: (mo/yr)

Job Duties: (Be specific)

**H**

Employer: (Present or most recent)

Job Title:

Date Employed: (mo/yr)

Date Separated: (mo/yr)

Job Duties: (Be specific)

**I**

Employer: (Present or most recent)

Job Title:

Date Employed: (mo/yr)

Date Separated: (mo/yr)

Job Duties: (Be specific)

## GENERAL INFORMATION

- 1.) Are you a former employee of Wake County Government?  
☐ Yes ☐ No
- 2.) Are you related by blood or marriage to any person currently employed by Wake County Government?  
☐ Yes ☐ No
- 3.) Are you eligible now and in the future to be lawfully employed in the United States and/or do you have a work visa that requires sponsorship to work for Wake County Government? Please select the appropriate checkbox:
- I am eligible now and, in the future, to be lawfully employed in the United States and I do not have a work visa that requires sponsorship to work for Wake County Government. ☐
  - I have a visa that requires sponsorship to work for Wake County Government. ☐
  - I am not eligible to be lawfully employed in the United States. ☐
- 4.) Please select your veteran status:
- I am not a veteran. ☐
- I am a veteran (I served in the active military, naval, or air service and I was discharged or released under conditions other than dishonorable.) ☐
- I chose not to identify my veteran status. ☐
- 5.) Are you able to perform the essential functions of the job with or without reasonable accommodations?  
☐ Yes ☐ No
- 6.) Are you willing to submit to a background screening?  
☐ Yes ☐ No

## CERTIFICATE OF APPLICANT

I certify that, to the best of my knowledge and belief, the statements given truly represent my background and experience. I understand that false information may be grounds for rejection of my application and (or) dismissal if I am employed. **I further understand that, if employed in a grant funded position, my continued employment is contingent upon availability of funds and my position will be abolished when the grant expires unless alternate funding is secured.**

\_\_\_\_\_  
*Applicant's Signature*

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

## BEFORE SUBMITTING YOUR APPLICATION, PLEASE CHECK TO SEE IF YOU HAVE:

1. Listed the position title.
2. Listed your phone number correctly or a number where you can be reached.
3. Given complete information on your education, training, and work experience.
4. Signed and dated your application.

## AN EQUAL OPPORTUNITY EMPLOYER

5/13/2022