



## APPLICATION FOR EMPLOYMENT

### Human Resources Department

200 East Main Street, 3rd Floor

Durham, North Carolina 27701

(919) 560-7900

Hours: 8:30-5:00 p.m. Monday - Friday

Internet: [www.durhamcountync.gov](http://www.durhamcountync.gov)

## Please Read and Follow Carefully

1. Durham County Government accepts applications for positions that are currently listed in the County's "Employment Opportunities Bulletin" or the internet website. Applications must include Position Title, Position Number and Department. **Only Durham County Government applications will be accepted.**
2. A separate application must be completed for each position for which you apply. Supplemental application, transcript, license, or certification must be included, if required. Applications missing this information or unsigned will not be processed.
3. Please do not submit a resume unless requested.
4. Completed, dated and signed applications should be submitted on or before the closing date.
5. Applications, resumes, transcripts, letters of reference and other information submitted will become the property of the County and will not be returned.

It is the policy of Durham County Government to hire only those persons who are lawfully authorized to work in the United States. As a condition of employment, individuals hired by the County are **required to present proof of identity** and of their legal eligibility to work in the United States **before they can begin work**. It is the further policy of Durham County that **no persons will be hired who owe real or personal property taxes to the County.**

**The County of Durham will conduct background and criminal investigations on all hires. A conviction record does not automatically eliminate you from employment consideration.**

**PLEASE NOTE: YOU WILL RECEIVE NO FURTHER COMMUNICATION UNLESS THE HIRING DEPARTMENT SCHEDULES YOU FOR AN INTERVIEW.**

### Please Type or Print Clearly in Ink

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Present Address: \_\_\_\_\_  
Street & No. City State Zip Code

Home Phone No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Business Phone No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Position Title: \_\_\_\_\_ Position Number: \_\_\_\_\_

Department: \_\_\_\_\_

## EDUCATION

Circle highest level 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

School	Location	Attended From	To	Grad?	Semester/Quarter Hrs.	Type of Degree or Diploma	Major	Minor
High School or GED				YES <input type="checkbox"/>				
				NO <input type="checkbox"/>				
College or University				YES <input type="checkbox"/>				
				NO <input type="checkbox"/>				
Graduate or Professional School				YES <input type="checkbox"/>				
				NO <input type="checkbox"/>				
Vocational or Technical School				YES <input type="checkbox"/>				
				NO <input type="checkbox"/>				

List specific courses, workshops, training or rotations you have had that are related to the position for which you are applying.

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## SKILLS

Check the following skills, experiences, etc., which you have.

- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> Car for use at work             | <input type="checkbox"/> Bank Teller  | <input type="checkbox"/> Sign Language                     |
| <input type="checkbox"/> Typing ___ wpm                  | <input type="checkbox"/> Bookkeeper   | <input type="checkbox"/> Braille                           |
| <input type="checkbox"/> Shorthand/Speedwriting ___wpm   | <input type="checkbox"/> Tax Preparer | <input type="checkbox"/> Foreign Language (specify) _____  |
| <input type="checkbox"/> Word Processing (specify) _____ | <input type="checkbox"/> Accounting   | <input type="checkbox"/> Computer Hardware (specify) _____ |
| <input type="checkbox"/> Transcription (specify) _____   | <input type="checkbox"/> Sales        | <input type="checkbox"/> Computer Language (specify) _____ |
| <input type="checkbox"/> Adding Machine/Calculator       | <input type="checkbox"/> Cashier      |  |
| <input type="checkbox"/> Data Entry                      | <input type="checkbox"/> Other _____  |  |

If you are applying for a position that requires a driver's license, please provide:

Class Type: \_\_\_\_\_ Number: \_\_\_\_\_ State: \_\_\_\_\_

### FOR SUPERVISORY/MANAGEMENT POSITIONS ONLY

Indicate the type (i.e., professional, technical, clerical, service, etc.), and number of employees you have supervised: \_\_\_\_\_

Check the following skills, experiences, etc., which you have.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Work Planning/Coordination   | <input type="checkbox"/> Employee Counseling/Coaching    | <input type="checkbox"/> Statistical Analysis           |
| <input type="checkbox"/> Employee Selection/Dismissal | <input type="checkbox"/> Employee Performance Evaluation | <input type="checkbox"/> Budget Preparation/Maintenance |
| <input type="checkbox"/> Scheduling                   | <input type="checkbox"/> Staff Training                  | <input type="checkbox"/> Contract Negotiations          |
| <input type="checkbox"/> Work Assignment              | <input type="checkbox"/> Oral Presentation               | <input type="checkbox"/> Report Preparations            |

List fields of work for which you have been registered, licensed, or certified.

Registration: \_\_\_\_\_ State: \_\_\_\_\_ No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Registration: \_\_\_\_\_ State: \_\_\_\_\_ No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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List memberships in employment-related professional or technical societies.

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## EMPLOYMENT HISTORY

### PLEASE READ CAREFULLY

Using a separate section for each position, describe in detail all work experiences beginning with your present or most recent job. Include periods of unemployment, military service, internships, and volunteer and summer work. Use additional "Continuation Sheets" if necessary. Be sure to indicate whether employment was full-time or part-time, and if part-time, state the average number of hours worked per week. Incomplete information will result in the disqualification of your application. Your present employer **will be contacted** if you are a finalist.

Employer: (Present or most recent)	Type of Organization:	Phone No:	Address:
Job Title:	Name of Supervisor:	No. Supervised by You:	
Date Employed: (mo/yr)	Starting Salary: \$        per	Ending Salary: \$        per	Reason for Leaving:
Date Separated: (mo/yr)	Job Duties: ( Be specific)		
<input type="checkbox"/> Full-time ____ # Years ____ # Months			
<input type="checkbox"/> Part-time ____ # Years ____ # Months			
If part-time, number of hours per week: ____			

Employer:	Type of Organization:	Phone No:	Address:
Job Title:	Name of Supervisor:	No. Supervised by You:	
Date Employed: (mo/yr)	Starting Salary: \$        per	Ending Salary: \$        per	Reason for Leaving:
Date Separated: (mo/yr)	Job Duties: ( Be specific)		
<input type="checkbox"/> Full-time ____ # Years ____ # Months			
<input type="checkbox"/> Part-time ____ # Years ____ # Months			
If part-time, number of hours per week: ____			

Employer:	Type of Organization:	Phone No:	Address:
Job Title:	Name of Supervisor:	No. Supervised by You:	
Date Employed: (mo/yr)	Starting Salary: \$        per	Ending Salary: \$        per	Reason for Leaving:
Date Separated: (mo/yr)	Job Duties: ( Be specific)		
<input type="checkbox"/> Full-time ____ # Years ____ # Months			
<input type="checkbox"/> Part-time ____ # Years ____ # Months			
If part-time, number of hours per week: ____			

**Continuation Sheet**

**EMPLOYMENT HISTORY**

Employer:	Type of Organization:	Phone No:	Address:
Job Title:	Name of Supervisor:	No. Supervised by You:	
Date Employed: (mo/yr)	Starting Salary: \$ _____ per	Ending Salary: \$ _____ per	Reason for Leaving:
Date Separated: (mo/yr)	Job Duties: ( Be specific)		
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If part-time, number of hours per week: _____			

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Job Title:	Name of Supervisor:	No. Supervised by You:	
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Date Separated: (mo/yr)	Job Duties: ( Be specific)		
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<input type="checkbox"/> Part-time _____ # Years _____ # Months			
If part-time, number of hours per week: _____			

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Job Title:	Name of Supervisor:	No. Supervised by You:	
Date Employed: (mo/yr)	Starting Salary: \$ _____ per	Ending Salary: \$ _____ per	Reason for Leaving:
Date Separated: (mo/yr)	Job Duties: ( Be specific)		
<input type="checkbox"/> Full-time _____ # Years _____ # Months			
<input type="checkbox"/> Part-time _____ # Years _____ # Months			
If part-time, number of hours per week: _____			

**Position Title:** \_\_\_\_\_ **Position Number:** \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature  
(Unsigned applications will not be processed.)

\_\_\_\_\_  
Date

**Continuation Sheet**

**EMPLOYMENT HISTORY**

Employer:	Type of Organization:	Phone No:	Address:
Job Title:	Name of Supervisor:	No. Supervised by You:	
Date Employed: (mo/yr)	Starting Salary: \$ _____ per _____	Ending Salary: \$ _____ per _____	Reason for Leaving:
Date Separated: (mo/yr)	Job Duties: ( Be specific)		
<input type="checkbox"/> Full-time _____ # Years _____ # Months			
<input type="checkbox"/> Part-time _____ # Years _____ # Months			
If part-time, number of hours per week: _____			

Employer:	Type of Organization:	Phone No:	Address:
Job Title:	Name of Supervisor:	No. Supervised by You:	
Date Employed: (mo/yr)	Starting Salary: \$ _____ per _____	Ending Salary: \$ _____ per _____	Reason for Leaving:
Date Separated: (mo/yr)	Job Duties: ( Be specific)		
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If part-time, number of hours per week: _____			

Employer:	Type of Organization:	Phone No:	Address:
Job Title:	Name of Supervisor:	No. Supervised by You:	
Date Employed: (mo/yr)	Starting Salary: \$ _____ per _____	Ending Salary: \$ _____ per _____	Reason for Leaving:
Date Separated: (mo/yr)	Job Duties: ( Be specific)		
<input type="checkbox"/> Full-time _____ # Years _____ # Months			
<input type="checkbox"/> Part-time _____ # Years _____ # Months			
If part-time, number of hours per week: _____			

**Position Title:** \_\_\_\_\_ **Position Number:** \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature  
(Unsigned applications will not be processed.)

\_\_\_\_\_  
Date

## GENERAL INFORMATION

- Do you now work for Durham County Government?  Yes  No
  
- Have you ever worked for Durham County Government?  Yes  No
  
- Are you related by blood or marriage to any person now working at Durham County Government?  Yes  No  
(If yes, give name, relationship to you and the department where employed.)  
\_\_\_\_\_  
\_\_\_\_\_
  
- Have you worked under any other name?  Yes  No (Required for verifying education, work records and references.)  
If yes, please list. \_\_\_\_\_
  
- Check types of work you will accept.
  - Regular Full-time
  - Temporary Full-time
  - Shift or Split Shift Work
  - Regular Part-time
  - Temporary Part-time
  - Work involving travel
  - Any of the preceding

### REFERRAL SOURCES

Please indicate your referral source:

- Durham County Employment Opportunities Bulletin
- Durham County Jobline
- Durham County Website
- Other (Specify) \_\_\_\_\_

## REFERENCES

List individuals familiar with your professional capabilities. Do not list relatives or supervisors previously noted under employment.

NAME	YEARS KNOWN	ORGANIZATION POSITION	HOME/BUSINESS ADDRESS	HOME/BUSINESS PHONE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## CERTIFICATION AND AGREEMENT

I certify, to the best of my knowledge and belief, that the statements given above truly represent my background and experience. I understand that if I have misrepresented, omitted, or falsified any of the application information, I will be disqualified for employment consideration or dismissed from employment with the County. Further, I understand that as a condition of employment, I may be required to undergo testing for controlled substances. In addition, I hereby authorize my current and former employers (including the U.S. Government or U.S. Military), personal references, registration and licensing boards, and educational institutions listed on my application for employment, to provide Durham County Government with any job-related information requested. I also permit the County to conduct a police and court records investigation of my background if relevant to the job for which I am applying. I further understand that any offer of employment and continued employment with Durham County Government is contingent upon me successfully completing a background and reference check. Notwithstanding any provisions of Federal or State law, I expressly waive any right I may have to review confidential material or information received by the County from a previous employer or educational institution. I understand that nothing said during the interview process shall be deemed to constitute the terms of an employment contract.

Finally, I attest, under penalty of perjury, that I am legally authorized to work in the United States, and that, if I am a male between the ages of 18-26, I (please check) have , have not  registered for selective service. I further attest that if I am a real or personal property owner, all taxes are current.

\_\_\_\_\_  
Applicant's Signature  
(Unsigned applications will not be processed.)

\_\_\_\_\_  
Date