



# APPLICATION FOR EMPLOYMENT



Public Health  
Prevent. Promote. Protect.  
Henderson County, NC

Return application to the Henderson County Department of Public Health  
1200 Spartanburg Hwy, Suite 100 Hendersonville NC 28792

Email: [healthhr@hendersoncountync.gov](mailto:healthhr@hendersoncountync.gov)

Fax: (828) 697-4709

<b>Please print or type application. Applicant may attach a resume, if desired.</b>				Date of Application	
<b>Application must be completed in full.</b>					
Last Four Digits of Social Security Number XXX-XX-		Last Name	First Name		Middle Name
Address (Street number and name)			City	State	Zip
Phone (where you can be reached) ( ) ( )		Alternate Phone ( ) ( )		E-mail Address	

**Availability**

Do you now work for Henderson County Local Government?  Yes  No Department & Position

Have you previously worked for Henderson County Local Government?  Yes  No Department & Position

Are you related by blood or marriage to any person now working for Henderson County Local Government?  Yes  No  
(If yes, give name, relationship to you and the Department where employed)

If hired, can you provide written evidence that you are authorized to work in the U.S.?  Yes  No

Federal law requires males age 18 through 25 to register with the Federal government to comply with the Military Selective Service Act. North Carolina GS 143B-421.1 prohibits local governments from employing any males who have not complied with the federal Selective Service Registration regulations. If this requirement pertains to you, have you complied with the Federal law?  Yes  No  
Do not enter a response if the regulations do not apply.

CHECK the types of work you will accept:  Full-time  Part-time Earliest date you can begin work (mo./day/yr.)

**Jobs Applied For**

Enter below the specific title(s) of the job(s) for which you are applying. This section must be completed to evaluate your application.

1. 2. 3.

**Military Service**

Date entered: Date separated: Branch: Type of Unit:  
Rank: Grade: Duties:

**Referral Source**

Please indicate your referral source:

**Education**

Check box of highest grade completed:  <= 11  High School Graduate  GED  
Highest Degree completed:  Associates  Bachelors  Masters  Other:

Schools	Name and Location	From (MM/YY)	To (MM/YY)	Grad?	Semester/Quarter Hours	Maj/Min Course Work and Type of Degree
High School				Yes <input type="checkbox"/> No <input type="checkbox"/>		
College(s) / University (s)				Yes <input type="checkbox"/> No <input type="checkbox"/>		
Graduate / Professional				Yes <input type="checkbox"/> No <input type="checkbox"/>		
Other educational vocational school, internships, etc.				Yes <input type="checkbox"/> No <input type="checkbox"/>		

**Special Training**

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**

Current professional status: (List fields of work for which you have been registered):

Registration: State: No:  
Registration: State: No:

List other licenses, certifications, special courses, professional status, and membership in professional, honorary or technical societies:

Date Received by HR:



# APPLICATION FOR EMPLOYMENT

<b>Applicant Name:</b>	<b>Last Four of SSN:</b>	<b>Phone Number:</b>
------------------------	--------------------------	----------------------

<b>Skills</b> Check the following skills, experience, etc. which you have: <input type="checkbox"/> Driver's license (State/Number) Class: <input type="checkbox"/> Languages other than English (specify) <input type="checkbox"/> Keyboarding/Typing (specify WPM) <input type="checkbox"/> Computer Skills Microsoft: <input type="checkbox"/> Word <input type="checkbox"/> Excel <input type="checkbox"/> PowerPoint <input type="checkbox"/> Publisher <input type="checkbox"/> Access <input type="checkbox"/> Other (specify software and skills): <input type="checkbox"/> Other relevant skills:
--

**Work History (include volunteer experience). Use Additional Sheets if necessary.**

Current or Last Employer:		Address:	
Job Title:		Supervisor Name:	Telephone Number:
Date Employed (mo./yr)	Ending/Current Salary \$ per	No. Supervised by you	Reason left or will be leaving
Date Separated mo./yr.)	List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:		
Full time Years Months			
Part Time Years Months			
If part time, number of hours worked per week:			

Employer:		Address:	
Job Title:		Supervisor Name:	Telephone Number:
Date Employed (mo./yr)	Ending/Current Salary \$ per	No. Supervised by you	Reason for leaving
Date Separated mo./yr.)	List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:		
Full time Years Months			
Part Time Years Months			
If part time, number of hours worked per week:			

Employer:		Address:	
Job Title:		Supervisor Name:	Telephone Number:
Date Employed (mo./yr)	Ending/Current Salary \$ per	No. Supervised by you	Reason for leaving
Date Separated mo./yr.)	List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:		
Full time Years Months			
Part Time Years Months			
If part time, number of hours worked per week:			

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. (Authority G.S. 126-30, G.S. 14-122.1)

Unsigned applications will not be processed. Electronic signatures are acceptable.

**Signature of Applicant** **Date**



# APPLICATION FOR EMPLOYMENT

<b>Applicant Name:</b>	<b>Last Four of SSN:</b>	<b>Phone Number:</b>
------------------------	--------------------------	----------------------

## Work History – Continuation Sheet

Employer:		Address:	
Job Title:		Supervisor Name:	Telephone Number:
Date Employed (mo./yr)	Ending/Current Salary \$ _____ per	No. Supervised by you	Reason for leaving
Date Separated mo./yr.)	List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:		
Full time Years          Months			
Part Time Years          Months			
If part time, number of hours worked per week:			

Employer:		Address:	
Job Title:		Supervisor Name:	Telephone Number:
Date Employed (mo./yr)	Ending/Current Salary \$ _____ per	No. Supervised by you	Reason for leaving
Date Separated mo./yr.)	List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:		
Full time Years          Months			
Part Time Years          Months			
If part time, number of hours worked per week:			

Employer:		Address:	
Job Title:		Supervisor Name:	Telephone Number:
Date Employed (mo./yr)	Ending/Current Salary \$ _____ per	No. Supervised by you	Reason for leaving
Date Separated mo./yr.)	List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:		
Full time Years          Months			
Part Time Years          Months			
If part time, number of hours worked per week:			

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. (Authority G.S. 126-30, G.S. 14-122.1)  
Unsigned applications will not be processed. Electronic signatures are acceptable.

Signature of Applicant

Date