



**STOKES COUNTY
APPLICATION FOR EMPLOYMENT
PERSONNEL DEPARTMENT**

MAILING ADDRESS : Stokes County Personnel Department Post Office Box 20 Danbury, North Carolina 27016
LOCATION : Stokes County Administration Building 1014 Main Street Danbury, North Carolina 27016

**QUALIFIED APPLICANTS ARE CONSIDERED FOR POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION,
SEX, NATIONAL ORIGIN, AGE, MARITAL STATUS OR DISABILITY**

Special Notification : Effective November 9, 2009, Applicants who are requested to interview for a county position shall be required to submit a certified copy of a criminal record check from all counties in which they have lived for the previous five years. A Criminal record check will be obtained by County Clerk of Court's Office prior to any interviews conducted. Any applicants residing outside of Stokes County at the time of interview or within the past 5 years will need to obtain a criminal record check from those counties,. A criminal record check can be obtained from the County Clerk of Court's Office in each county in which you resided in during the previous five years.

ANSWER ALL QUESTIONS - PLEASE PRINT OR TYPE YOUR NAME

POSITION APPLIED FOR

DATE

NAME

(Last)

(First)

(Middle)

PRESENT MAILING ADDRESS

(City)

(State)

(Zip Code)

PERMANENT MAILING ADDRESS

(City)

(State)

(Zip Code)

(If different)

TELEPHONE NUMBER

(Area Code)

(Home)

(Business)

(Other-Indicate whose number)

Email Address (Optional): _____

Please be sure that you complete all sections of this application completely and accurately to the best of your ability. Your application will be used as a part of the examination process and, therefore, should represent your best effort. (For some positions, you may be asked to complete a supplemental application.) **Resumes may be attached to a completed Stokes County Application.**

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

EDUCATIONAL HISTORY

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

Schools	Name and Location	Dates Attended From / To	Graduate Yes/No Year	Sem/Qtr Hours	Major/Minor Course Work	Type Degree
High School						
College or University						
Graduate or Professional						
Other educational vocational school internships, etc.						

SKILLS

Check the following skills, experience, etc. which you have :

Sign Language Skills _____ Calculator _____
 Braille Skills _____ Typing (specify WPM) _____
 Chauffeur's License _____ Shorthand/Speedwriting _____
 Car for use at work _____ Legal Transcription _____
 Valid Driver's License _____ Medical Transcription _____
 Foreign Language (Specify) _____ Other _____

ADDITIONAL SKILLS

If position requires specific courses, skills, registration, licenses, or certification, please list below giving dates, issuance, and source of issuance.

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.) Circle one **YES** or **NO**. If **YES**, explain fully on an additional sheet.

EMPLOYMENT DATA

In the space below, give your employment history beginning with your present or most recent employer and list all positions held, including military, part-time, summer, and significant volunteer work. Details on any period of unemployment must be included.

Current or Last Employer		Address			Job Title	Supervisor Name		
Employment		Length Year / Months			Salary		May we contact your Employer? YES (Circle One) NO Telephone #	
Start Date	End Date	Full Time	Part Time	Hrs/Week	# of Emp Supervised by You	Starting		Ending
						Per		Per

Duties : _____ **Reason for Leaving :** _____

EMPLOYMENT DATA

Previous Employer				Address				Job Title		Supervisor Name
Employment		Length Year / Months			# of Emp Supervised by You	Salary		May we contact your Employer? YES (Circle One) NO Telephone # _____ () _____		
Start Date	End Date	Full Time	Part Time	Hrs/Week		Starting	Ending			
						Per	Per			
Duties : _____					Reason for Leaving : _____					

Previous Employer				Address				Job Title		Supervisor Name
Employment		Length Year / Months			# of Emp Supervised by You	Salary		May we contact your Employer? YES (Circle One) NO Telephone # _____ () _____		
Start Date	End Date	Full Time	Part Time	Hrs/Week		Starting	Ending			
						Per	Per			
Duties : _____					Reason for Leaving : _____					

Previous Employer				Address				Job Title		Supervisor Name
Employment		Length Year / Months			# of Emp Supervised by You	Salary		May we contact your Employer? YES (Circle One) NO Telephone # _____ () _____		
Start Date	End Date	Full Time	Part Time	Hrs/Week		Starting	Ending			
						Per	Per			
Duties : _____					Reason for Leaving : _____					

Previous Employer				Address				Job Title		Supervisor Name
Employment		Length Year / Months			# of Emp Supervised by You	Salary		May we contact your Employer? YES (Circle One) NO Telephone # _____ () _____		
Start Date	End Date	Full Time	Part Time	Hrs/Week		Starting	Ending			
						Per	Per			
Duties : _____					Reason for Leaving : _____					

Please use an additional sheet of paper as a continuation sheet, if necessary. Any continuation sheets and additional sheets must be signed and dated by the applicant.

PERSONAL DATAAre you a citizen of the United States? **YES** **NO**

If NO, give a country of which you are a citizen and your alien registration number.

Please indicate how you found out about this vacant position.

The County's Vacancy List? _____ From a newspaper ? _____

From a County Employee? _____

Employment Security Commission? _____ Other _____

From a Friend? _____

From Website? _____

REFERENCE DATA

Please List three persons who are not related to you and who have a definite knowledge of your work. Do not repeat the names of supervisors listed in the Employment Data Section of this application.

Name	Address	City, State, Zip Code	Home Phone	Business Phone

Name	Address	City, State, Zip Code	Home Phone	Business Phone

Name	Address	City, State, Zip Code	Home Phone	Business Phone

DECLARATION OF APPLICANT

I certify that all of the statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I authorize investigation of all statements made in this application and release of any pertinent information to Stokes County Government hiring officials. I understand that false information may be grounds for rejection of my application and (or) dismissal if I am employed.

Signature of Applicant (unsigned applications will not be processed)

Date

BEFORE SUBMITTING THIS APPLICATION, PLEASE CHECK TO SEE THAT YOU HAVE:

1. GIVEN COMPLETE INFORMATION ON YOUR EDUCATION AND WORK HISTORY.
2. SIGNED AND DATED YOUR APPLICATION.

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