

Cleveland County Human Resources
P.O. Box 1210
311 E. Marion Street
Shelby, NC 28151-1210

Cleveland County Government
APPLICATION FOR EMPLOYMENT
(Please Print)

OFFICE: (704) 484-4833
FAX: (704) 484-4762
JOB LINE: (704) 484-4819

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

AVAILABILITY	<ul style="list-style-type: none"> When are you available to begin employment? _____ Check the types of work you will accept: <ul style="list-style-type: none"> <input type="checkbox"/> Regular Full Time <input type="checkbox"/> Regular Part Time <input type="checkbox"/> Weekends <input type="checkbox"/> Temporary Full Time <input type="checkbox"/> Temporary Part Time <input type="checkbox"/> Any of the above <input type="checkbox"/> Rotating Shifts <input type="checkbox"/> Night Work Position Applied For _____ <div style="display: flex; justify-content: space-around; width: 100%;"> JOB NUMBER POSITION TITLE </div>
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EDUCATION		HIGH SCHOOL					VOCATIONAL/ TECHNICAL SCHOOL		COLLEGE/ UNIVERSITY				GRADUATE/ PROFESSIONAL			
	School Name and Location															
	Mark Years Completed	9	10	11	12	GED	1	2	1	2	3	4	1	2	3	4
	Dates Attended (mo/yr)	From:					From:		From:				From:			
		To:					To:		To:				To:			
	List Credit Hours Received: (S)-Semester (Q)-Quarter															
	Diploma/Degree Received															
Course of Study																

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. Include credit hours or CEU's if applicable.

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. 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.

May we contact your present employer? Yes No

A	Employer: (Present or most recent)		Address:		Phone No.:
	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 _____				

B	Employer: (Present or most recent)		Address:		Phone No.:
	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 _____				

C	Employer: (Present or most recent)		Address:		Phone No.:
	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 _____				

D	Employer: (Present or most recent)		Address:		Phone No.:
	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 _____				

EMPLOYMENT HISTORY CONTINUATION SHEET

Name _____

Employer: (Present or most recent)		Address:		Phone No.:
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: (Present or most recent)		Address:		Phone No.:
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: (Present or most recent)		Address:		Phone No.:
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: (Present or most recent)		Address:		Phone No.:
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 _____				

GENERAL INFORMATION

- Do you work for Cleveland County Government? No Yes
 If yes, are you: Regular Temporary
- Are you a former employee of Cleveland County Government? No Yes
 If yes, please indicate: Department _____ Date separated _____
- Are you related by blood or marriage to any person currently employed by Cleveland County Government? No Yes
 If yes, please indicate: Name _____ Department _____ Relationship _____
- Are you legally eligible to work in the United States? No Yes
- If you are subject to Selective Service registration, are you in compliance? No N/A Yes
- Have you ever been convicted of any unlawful offense, other than a minor traffic violation? No Yes
 If yes, please explain: _____

NOTE: A conviction record will not necessarily exclude you from employment. Factors such as age at time of offense, rehabilitation efforts, how recent the offense was, nature of the crime and type of job for which you are applying will be considered.

- Do you have a valid driver's license? No Yes
 State _____ Class/Type _____ Number _____ Exp. Date _____
 State _____ Class/Type _____ Number _____ Exp. Date _____
 State _____ Class/Type _____ Number _____ Exp. Date _____

REFERENCES

List three persons who are not related to you who have definite knowledge of your qualifications for the position for which you are applying such as co-workers, teachers, etc. DO NOT repeat the names of supervisors previously listed.

Name	Address	Phone

CERTIFICATE OF APPLICANT

I certify that, to the best of my knowledge and belief, the statements given truly represent my background and experience. In addition, I give the following Authorization to Release Information and hereby authorize my previous employers, personal references listed, and other persons or institutions shown on my application to provide Cleveland County any information requested. I further authorize Cleveland County to conduct a Police and Court Record investigation of my background. I understand that false information may be grounds for rejection of my application and (or) dismissal if I am employed. Submission of your social security number is voluntary. Cleveland County collects social security numbers from applicants for the purpose of employment related drug screening and to conduct a police and court record investigation.

Social Security Number (Optional)	Applicant's Signature	Date
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BEFORE SUBMITTING YOUR APPLICATION, PLEASE CHECK TO SEE IF YOU HAVE:

1. Given complete information on your education, training and work experience.
2. Signed and dated your application. Unsigned applications will not be processed.

AN EQUAL OPPORTUNITY EMPLOYER