



CONTRACT SERVICES APPLICATION FOR RANDOLPH COUNTY

www.co.randolph.nc.us

Each question should be fully and accurately answered. No action can be taken on this application unless all questions have been answered. If you do not have enough room on this application, please attach additional pages. PLEASE PRINT, except for the signature at the end of the application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based on non-job related information.

Today's Date _____

When can you start contracting? _____

What hours and days are you available to provide services? _____

Last Name	First Name	Middle Name
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Present Street Address	City	State	Zip Code
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Home Phone Number _____ Mobile Phone Number _____

If contracted, can you furnish proof that you are eligible to work in the United States? Yes No

Have you ever been employed with Randolph County or provided contract services with Randolph County? Yes No If yes, when and with whom? _____

Have you ever been convicted of any law violation other than a minor traffic violation? Yes No

If yes, give details _____

A "yes" answer does not automatically disqualify you for contract services. The offense and how recently you were convicted will be evaluated in determining eligibility for contract services.

PERSONAL

Have you ever used another name other than the one shown on this application? Yes No

If yes, please indicate: _____

EDUCATION

Select 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

List Name and Address of Schools:	Number of Years Completed	Diploma, Degree or Certificate Received
High School or GED:		
College or University: Subjects Studied:		
Vocational or Technical (list apprenticeships, as well): Subjects Studied:		
Graduate or Professional: Subjects Studied:		
Military Service: Specialty:		

EMPLOYMENT HISTORY

Account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references. Use additional sheets if necessary.

LAST OR CURRENT JOB

Employer _____
Employer's Address _____
Your Title _____
Specific Duties _____

Reason for Leaving _____

From _____
To _____
Full Time _____ Part Time _____
Starting Salary _____
Last Salary _____
Supervisor's Name & Title _____

Phone Number _____

NEXT MOST RECENT JOB

Employer _____
Employer's Address _____
Your Title _____
Specific Duties _____

Reason for Leaving _____

From _____
To _____
Full Time _____ Part Time _____
Starting Salary _____
Last Salary _____
Supervisor's Name & Title _____

Phone Number _____

NEXT MOST RECENT JOB

Employer _____
Employer's Address _____
Your Title _____
Specific Duties _____

Reason for Leaving _____

From _____
To _____
Full Time _____ Part Time _____
Starting Salary _____
Last Salary _____
Supervisor's Name & Title _____

Phone Number _____

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration for contract services and may result in my contract being terminated if discovered at a later date.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, or current employer (except as previously noted), past employers and organizations named in this application to provide relevant information and opinions that may be useful in making a contracting decision. I release such persons and organizations from any legal liability in making such statements.

I understand that if I am offered a contract for services, it may be conditioned upon me successfully passing certain screenings. I consent to the release of any information as may be deemed necessary to judge my capability to do the work for which I am applying.

I have read, understand, and by signing my signature, consent to these statements.

Signature: _____ Date: _____

EMPLOYER REFERENCE CHECK

Contractor: Please complete the top section and the bolded Employer information in each section.

I, _____ (print name), authorize the release of any information resulting from my employment with all previous employers prior to a pplication with Randolph County Government. Further, I agree to the release of the information requested below.

Signature: _____ Date: _____

EMPLOYER: _____ **EMPLOYER FAX:** _____

EMPLOYER REPRESENTATIVE AND TITLE: _____

Dates employed: _____ to _____ Last salary: \$ _____ per _____

Position(s) held: _____

What were the specific job duties? _____

Why did the applicant leave your organization? _____

Would you rehire? Yes No If no, please explain _____

Was he dependable? Yes No

Did his work meet the job expectations? Yes No

Could he work without direct supervision? Yes No

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