

An Equal Opportunity and an E-Verify Employer
APPLICATION FOR EMPLOYMENT

Randolph County Sheriff's Office
727 McDowell Rd. Asheboro, NC 27205

Position applied for _____ Date _____

Check types of work you will accept: Permanent Full Time Permanent Part Time Temporary Full Time
 Temporary Part Time Any of the Preceding Work Involving Travel

SOCIAL SECURITY NUMBER _____

Name _____
(Last) (First) (Middle. If married, use maiden)

Present Mailing Address _____
(Street & No. or RFD) (City) (County) (State) (Zip Code)

Permanent Mailing Address _____
(Street & No. or RFD) (City) (County) (State) (Zip Code)

Telephone: Home _____ Business _____ If none, where can you be reached by telephone? _____

DRIVER'S LICENSE NUMBER: _____

CITIZENSHIP: U.S. Other - specify _____

MILITARY SERVICE:

- (A) Are you a veteran? Yes No
(B) Are you a widow of a veteran or wife of a disabled veteran? Yes No
(C) Date of entry into active service _____
(D) Date of separation from active service _____
(E) Type of separation _____

If you had more than one tour of duty, explain in space below.

Are you a member of the Military Reserves? Yes No Branch: _____ Rank: _____

Male applicants between ages of 18-26 years complete the following:

AGENCY USE ONLY:

Eligible For Veteran's Preference: Yes No Selective Service Registration # _____

INDICATE ANSWER BY PLACING "X" IN PROPER BOX

- May inquiry be made of your present employer regarding your character, qualifications, etc.? Yes No
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.) Yes No
Are you employed by the County of Randolph? Yes No
Have you ever been employed by the County of Randolph? Yes No
Are you related by blood or marriage to any person now employed by the County? If yes, give name, relationship and agency in space below. Yes No

Use this space to explain an answer:

REFERENCES: If you wish to list references, please complete the following:

- (A) Name _____ Address _____
(B) Name _____ Address _____
(C) Name _____ Address _____

Date of Birth: _____
(mo) (day) (year)

Sex:
check (male) (female)

Height: _____

Weight: _____

EDUCATION: Give your complete educational history below:

Elementary or High School _____ Name _____ Location _____ Ending Date _____ Circle highest school year completed
Mo. ____ Yr. ____ 1 2 3 4 5 6 7 8 9 10 11 12

Did you either graduate from high school or pass the High School Equivalency Test? Yes No

| Education Beyond High School | Name and Location | Attended | | Circle Number Years Completed | Credit Hours | Did you Graduate? | Degree or Diploma and Year Received | Major Subject |
|-----------------------------------|-------------------|--------------|------------|-------------------------------|--------------|-------------------|-------------------------------------|---------------|
| | | From Mo. Yr. | To Mo. Yr. | | | | | |
| College or University | | | | 1 2 3 4 | | | | |
| Graduate or Professional | | | | 1 2 3 4 | | | | |
| Other Education, Internship, etc. | | | | 1 2 3 4 | | | | |

List fields of work for which you are licensed, registered, or certified, giving date(s) and source(s) of issuance.

List typing and shorthand skills, machines you can operate, and other skills in which you are proficient.

If the position applied for calls for specific courses, indicate courses and credits received.

EMPLOYMENT RECORD: Answer questions for recent and relevant periods of employment. Include previous employment with the County of Randolph, military service and related volunteer work. Failure to give complete information may result in rejection of your application. Begin with your present or last position. If more space is needed, use a continuation sheet.

Title of present or last position _____ STARTING SALARY _____ LAST SALARY _____

| |
|---|
| Date employed _____ |
| Date separated _____ |
| Full-time Years Months |
| Part-time Years Months |
| If part-time, number of hours worked per week _____ |

Name and title of supervisor _____

No. employees supervised by you _____

Employer _____ Address _____

Duties _____

Reason for leaving _____

Title of next to last position _____ STARTING SALARY _____ LAST SALARY _____

| |
|---|
| Date employed _____ |
| Date separated _____ |
| Full-time Years Months |
| Part-time Years Months |
| If part-time, number of hours worked per week _____ |

Name and title of supervisor _____

No. employees supervised by you _____

Employer _____ Address _____

Duties _____

Reason for leaving _____

Title of next to last position _____ STARTING SALARY _____ LAST SALARY _____

| | | |
|---|-------|--------|
| Date employed _____ | | |
| Date separated _____ | | |
| Full-time | Years | Months |
| _____ | _____ | _____ |
| Part-time | Years | Months |
| _____ | _____ | _____ |
| If part-time, number of hours worked per week _____ | | |

Name and title of supervisor _____

No. employees supervised by you _____

Employer _____ Address _____

Duties

Reason for leaving _____

Do you object to wearing a uniform? Yes No

Do you object to working nights? Yes No

Do you object to working rotating shifts? Yes No

Do you object to occasionally being away from home overnight and/or for other periods of time to attend meetings, acquire training or otherwise perform official duties? Yes No

AFFIDAVIT PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission will disqualify me from consideration. Dismissal of employment shall be mandatory if fraudulent disclosures are given to meet position qualifications.

I understand that pre-employment screens are a condition of my employment. A background check of my driving, criminal, or other records will be conducted before employment. I will also be required to successfully pass a drug screen examination. By signing below, I consent to both a pre-employment drug and criminal background screen. I also consent to post-employment drug screens per Randolph County Government Policy.

I understand that as a condition of my employment, I will be required to furnish documentation verifying my identity and eligibility to work in the United States.

I authorize my current and previous employers listed on my application to provide Randolph County Government with any job-related information requested. I waive any right to legal claims against a disclosing person, employer, or institution and the prospective employer seeking and using this information for hiring purposes. Notwithstanding any provisions of federal or state law, I also waive any right I may have to review confidential material/information received by Randolph County from a person, employer, or institution.

I certify that if I am a male between the ages of 18 and 26, I am aware of and in compliance with all applicable registration requirements of the Military Selective Service Act. (NC GS 143B-421.1)

I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without cause and with our without notice.

I have read, understand and by my signature, consent to these standards. If applying electronically, I understand that my email address serves as my signature of consent to all information submitted within this application.

 Full Name (Please Print) Signature Date