



# CABARRUS COUNTY GOVERNMENT

## EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Human Resources  
 65 Church Street, SE  
 P.O. Box 707  
 Concord, NC 28026-0707

Office: (704) 920-2200  
 Fax: (704) 920-2250  
 Jobline: (704) 920-2828  
 www.cabarruscounty.us

<b>Position You Are Applying For:</b>
<b>Acceptable Salary \$</b>

<b>Office Use Only</b>
Date Received

**This application must be printed in ink (or typed) and signed. Completely answer *all* questions so that we may fully and accurately evaluate your qualifications. A *separate* application is required for each advertised position for which you wish to apply.**

**PERSONAL DATA**

NAME	First	Middle	Last
Address	City		State      Zip Code
Home Number	Business Number	Cell Number	County

**GENERAL INFORMATION**

	Name	Address	Telephone
Person to be notified in case of an emergency:			
Have you previously been employed by Cabarrus County Government?			
If yes, what department and when?			
List relatives now employed by Cabarrus County Government and their relationship:			
Have you ever been convicted of a felony offense?			
Have you been convicted of a traffic violation in the last five years?			
For each conviction, please list:			
Date	Offense	City/State	Disposition

Use additional sheet(s) if necessary.  
 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, and nature of the offense will be taken into consideration.



**EDUCATION**

	Name and Address of School	Dates Attended	Did you graduate?	Degree and Major
High School				
Technical, Business, or Trade School(s)				
College(s)				
Graduate School(s)				

**SKILLS, CERTIFICATIONS**

Please list any skills, abilities, special certifications, licenses, foreign languages, special training, or courses you have had that you feel are applicable to the position for which you are applying. Include skills with equipment or machines you operate.

1.	7.
2.	8.
3.	9.
4.	10.
5.	11.
6.	12.

**MILITARY RECORD**

Have you ever served in the U.S. Military Service?	
Dates served:	Discharge Date:
Duty Assignments:	
Education or Work Experience Acquired:	

**REFERENCES**

List three persons who are not related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat the names of supervisors.

Name	Business/Occupation	Address	Telephone

**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 may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

**I understand** that a background check of my credit, criminal, driving, education, or other records may be conducted before employment. I permit the county to conduct a police and court records investigation of my background if relevant for the job for which I am applying.

**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** any and all of my current and previous employers, including the U.S. Government or U.S. Military, and other persons, registration and licensing boards, and educational institutions listed on my application, to provide Cabarrus 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. Cabarrus County will maintain confidentiality of this information as required by North Carolina General Statute 153A-98.

**I understand** that if I am considered for employment, it may be conditioned upon my successfully passing a complete physical exam. I agree to provide any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

**I understand** I will be required to successfully pass a pre-employment drug screening examination. I hereby consent to pre- and post-employment drug screenings as a condition of employment as required by the Cabarrus County Drug Free Workplace Policy.

**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.

**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 MY EMPLOYMENT WILL BE THAT OF AN EMPLOYEE AT WILL.**

I have read, understand, agree, and consent to the above by my signature.

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Cabarrus County prohibits discrimination on the basis of race, sex, handicap, age, religion, political affiliation, or national origin. The information requested below is voluntary and failure to provide this information will not affect you as an applicant. The sole purpose of this information is to measure the success of our recruitment efforts in reaching all segments of the population.

**Date of Birth:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(month) (date) (year)                      **Sex:** Male \_\_\_\_\_ Female \_\_\_\_\_

**Ethnic Group/Background:**

- \_\_\_\_\_ White (non-Hispanic)
- \_\_\_\_\_ Black (non-Hispanic)
- \_\_\_\_\_ Hispanic (Mexican, Puerto Rican, Cuban, Central or South America, other Spanish origin regardless of race)
- \_\_\_\_\_ Asian (including Pacific islander)
- \_\_\_\_\_ American Indian (including Alaskan native)
- \_\_\_\_\_ Other (please specify \_\_\_\_\_)

**Disability:**

“Disability means, with respect to an individual: (1) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (2) a record of such an impairment; or (3) being regarded as having such an impairment” (Americans with Disabilities Act of 1990). Persons without a disability should check item A.

The reporting of a **disability is strictly VOLUNTARY**. Persons with disabilities who **DO NOT WISH** to report their disabilities should check item A. Information reported on this form will be kept confidential as required by state law. Public disclosure of this information without your consent would be a violation of North Carolina General Statutes.

- A. \_\_\_\_\_ None/Prefer not to report
- B. \_\_\_\_\_ Blind or severely visually impaired
- C. \_\_\_\_\_ Deaf or severely hearing impaired
- D. \_\_\_\_\_ Loss or limited use of arms and/or hands
- E. \_\_\_\_\_ Non-ambulatory (must use wheelchair)
- F. \_\_\_\_\_ Other orthopedic impairment (including amputation, arthritis, back injury, cerebral palsy, spina bifida, etc.)
- G. \_\_\_\_\_ Respiratory impairment
- H. \_\_\_\_\_ Nervous system/Neurological disorder
- I. \_\_\_\_\_ Mentally restored
- J. \_\_\_\_\_ Mental retardation
- K. \_\_\_\_\_ Learning disability
- L. \_\_\_\_\_ Others (heart disease, diabetes, speech impairment)
- M. \_\_\_\_\_ Others (please specify \_\_\_\_\_)