



APPLICATION FOR EMPLOYMENT

**POLK COUNTY
LOCAL
GOVERNMENT**

Date of Application _____

Last 5 digits of Social Security No.		Last Name		First Name		Middle Name	
Address (Street number and name)				City		County	
State	Zip Code	Phone (Home or where you can be reached)		Business Phone		E-Mail Address	

INSTRUCTIONS TO APPLICANTS

TO BE CONSIDERED FOR EMPLOYMENT, YOU MUST ANSWER ALL QUESTIONS AND COMPLETE ALL SECTIONS OF THIS APPLICATION FORM.
THE COUNTY EMPLOYS ONLY US CITIZENS OR ALIENS WHO CAN PROVIDE PROOF OF IDENTITY AND WORK AUTHORIZATION PRIOR TO BEGINNING WORK.

WHEN COMPLETING THIS APPLICATION, PLEASE MAKE SURE YOU

- APPLY FOR ONE VACANCY PER APPLICATION.
- GIVE COMPLETE INFORMATION ON YOUR EDUCATION AND WORK HISTORY ("SEE RESUME" IS NOT ACCEPTABLE).
- LIST SEPARATELY EACH JOB HELD AND YOUR DUTIES FOR EACH POSITION WHEN YOU WORKED FOR ONE EMPLOYER AND HELD MORE THAN ONE POSITION.
- AS YOU DESCRIBE YOUR WORK HISTORY, MAKE SURE YOU HIGHLIGHT YOUR COMPETENCIES (KNOWLEDGE, SKILLS, ABILITIES AND WORK BEHAVIORS) WHICH DEMONSTRATE YOUR QUALIFICATIONS FOR THE POSITION FOR WHICH YOU ARE APPLYING.
- PROVIDE ONLY THE LAST FIVE DIGITS OF YOUR SOCIAL SECURITY NUMBER.
- CHECK FOR ACCURACY, SIGN AND DATE YOUR APPLICATION.

THANK YOU FOR YOUR INTEREST IN POLK COUNTY LOCAL GOVERNMENT. WE WANT TO FIND THE BEST QUALIFIED PEOPLE AVAILABLE TO SERVE OUR CITIZENS. ALTHOUGH EVERYONE WHO APPLIES CANNOT BE HIRED, YOUR APPLICATION WILL BE GIVEN EVERY CONSIDERATION.

CHECK the types of work you will accept:

Occasional:	<input type="checkbox"/> night work	<input type="checkbox"/> weekend work	<input type="checkbox"/> overtime	<input type="checkbox"/> rotating shifts	<input type="checkbox"/> "on-call"
Regular:	<input type="checkbox"/> night work	<input type="checkbox"/> weekend work	<input type="checkbox"/> overtime	<input type="checkbox"/> rotating shifts	<input type="checkbox"/> "on-call"
Frequent:	<input type="checkbox"/> night work	<input type="checkbox"/> weekend work	<input type="checkbox"/> overtime	<input type="checkbox"/> rotating shifts	<input type="checkbox"/> "on-call"

If you are not available for work now, enter the earliest date you could begin work (mo/day/yr.) _____

JOB APPLIED FOR:

Enter below the specific title and vacancy number of the job for which you are applying.

Job Title: _____ Department: _____

Referral Source

Please indicate your referral source: _____

If you were referred by the Employment Security Commission (Job Service) please indicate which local office: _____

Education

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

Under S/Q Hrs., list the hours of credit received and if they were semester (S) or quarter (Q) hours.

Schools	Name and Location	Dates Attended (mo/yr) From: To:	Grad? YES <input type="checkbox"/> NO <input type="checkbox"/>	S/Q Hrs.	Major/Minor Course Work	Type of Degree Received
High School			YES <input type="checkbox"/> NO <input type="checkbox"/>			
College(s) University (s)			YES <input type="checkbox"/> NO <input type="checkbox"/>			
Graduate or Professional			YES <input type="checkbox"/> NO <input type="checkbox"/>			
Other educational, vocational school, internships, etc.			YES <input type="checkbox"/> NO <input type="checkbox"/>			

Special training programs and seminars you have completed in the last ten years (list):

If the job applied for calls for specific courses, indicate those courses taken and credits received:

Current professional status: (List fields of work for which you have been registered)

Registration: _____ State: _____ No. _____

Registration: _____ State: _____ No. _____

Membership in professional, honorary, or technical societies (list):

Licenses and certifications (List, giving dates and sources of issuance):

ADDITIONAL SKILLS

CHECK the following skills, experiences, etc., which you currently have:

- Driver's License Class _____ State _____
- Chauffeur's License Class _____ State _____
- Car for use at work

PRE-EMPLOYMENT REQUIREMENTS

All final applicants must submit to a background check. 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 (If yes, explain fully on an additional sheet.)

All final applicants must pass a pre-employment drug screening process in order to be hired. Have you ever tested positive for drugs or alcohol within the past two (2) years? YES NO (If yes, explain fully on an additional sheet.)

WORK HISTORY (include volunteer experience) Use additional sheets if necessary. As you describe your work history experiences, make sure you highlight your competencies which demonstrate your qualifications for the position for which you are applying. Do NOT simply attach your resume to provide this information.

Current or Last Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ _____ per	Ending or Current Salary \$ _____ per	Reason for Leaving	May We Contact Employer YES <input type="checkbox"/> NO <input type="checkbox"/>
Date Separated (mo/yr)	List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:			
Full Time Years Months				
Part Time Years Months				
If part time, number of hours worked per week:				
Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ _____ per	Ending or Current Salary \$ _____ per	Reason for Leaving	
Date Separated (mo/yr)	List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:			
Full Time Years Months				
Part Time Years Months				
If part time, number of hours worked per week:				
Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ _____ per	Ending or Current Salary \$ _____ per	Reason for Leaving	
Date Separated (mo/yr)	List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:			
Full Time Years Months				
Part Time Years Months				
If part time, number of hours worked per week:				

Use additional sheet if necessary to show at least the last ten (10) years of employment history.

TOTAL YEARS OF PROFESSIONAL WORK EXPERIENCE:

Additional Questions (Please answer all questions completely.)

- (1) Have you ever been employed with the County of Polk? Yes No
 If YES, what department and when: _____
- (2) Have you applied to the County of Polk before? Yes No
 If YES, indicate what position and when: _____
- (3) Are you now or *were* you previously related in any way to a County employee? Yes No
 If YES, give name, relationship and department _____
- (4) Are you able to perform all of the duties of the job you have applied for? Yes No
- (5) Are you an American citizen or do you currently have authorization to work in the U.S.? Yes No
- (6) Are you a Veteran of United States Armed Services? Yes No;
 If yes, which branch? _____ Years served? _____ Final rank? _____
- (7) Did you receive any of your education or employment experience under another name? Yes No
 If YES, please explain: _____

YES NO

I ATTEST THAT I HAVE THE PERMISSION OF THE PERSONS I HAVE LISTED AS MY PROFESSIONAL REFERENCES TO PROVIDE THEIR CONTACT INFORMATION.

Please list three (3) professional references.

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

Certification and Release (MUST BE SIGNED AND DATED BELOW)

- To the best of my knowledge and belief, the information given truly represents my background and experience. I understand that if I have knowingly or negligently misrepresented, falsified or omitted any information during the application process, or have made any changes to the format or wording of this application form, I may be disqualified for employment consideration or dismissed from employment with the County.
- I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action.
- I authorize my current and former employers to give any information regarding me or my employment, whether or not it is on their records. I hereby release them from any damage whatsoever for issuing same.
- I also authorize educational institutions which I attended to reveal my scholastic ratings, as well as degrees or certificates earned, to the County of Polk; and associations, registration and licensing boards and to others to furnish whatever detail is available concerning my qualifications. Notwithstanding any provision of State or Federal law, I expressly waive any right I have to review information the County receives from an employer or educational institution under a promise of confidentiality.
- I agree to submit to a drug screen as part of the County of Polk's pre-employment requirements. I understand that if I apply or have applied for certain jobs, I may be tested for drug and alcohol use to determine if I am currently abusing these substances. I consent to the testing and understand that the results could preclude my appointment.
- I also permit the County of Polk to conduct a Court/Criminal, Credit and/or Motor Vehicle Records Investigation of my background.

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications (Authority: G.S.126-30, G.S.14-122.1).

 Signature of Applicant (unsigned applications will not be processed).

 Date

Did a Polk County Employee Refer You?

Polk County Local Government has created an incentive program for it's employees to participate in finding our next great full-time and part-time regular employees.

If a Polk County Employee referred you to apply for employment, please take time to let us know who that person is.

Referring Employee's Name

Referred Applicant's Name

Position Applied For

Date of Application

4.3.3. Employee Referrals - *The County welcomes applicant referrals through successful employees who want to recommend others whom they believe would be a good and positive addition to the County team(s). Applicants who are made aware of County job opportunities through existing employees should include that information on the County application in the space provided. If an employee-referred applicant is ultimately hired by the County, the referring employee becomes eligible for a \$200 referral bonus. The referral bonus is paid to the referring employee as taxable earnings (in conjunction with regular pay cycles) once the newly hired employee successfully completes his/her initial probationary period, or extension thereof. Successful completions include credentialing milestones, training and other requirements. When the new hire successfully completes the probationary period, Human Resources will initiate a request for a referral bonus payment to the referring employee, and will submit it to Finance for processing in conjunction with payroll cycles. In order to receive payment, the referring employee must be active when the referred employee completes their probationary period. (Polk County Local Government Human Resources Policies and Procedures Manual, November 2020)*

Fair Credit Reporting Act Disclosure Statement

By this document, Polk County Local Government discloses to you that a consumer report, including an investigative consumer report containing information as to your character, general reputation, personal characteristics and mode of living, may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment. Should an investigative consumer report be requested, you will have the right to request a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act. For the purposes of these requests, Polk County Local Government considers criminal background checks, pre-employment drug screens and credit reports as consumer reports under the Fair Credit Reporting Act. Please sign below to acknowledge the receipt of this disclosure.

Signature

Date

Printed Name

EEO-1 Voluntary Self Identification Form

The Equal Employment Opportunity Commission (EEOC) requires all private employers with 100 or more employees as well as federal contractors and first-tier subcontractors with 50 or more employees AND contracts of at least \$50,000 complete an EEO-1 report each year. Covered employers must invite employees to self-identify gender and race for this report.

Completion of this form is voluntary and will not affect your opportunity for employment, or the terms or conditions of your employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by the Human Resources department. Please return completed forms to the HR department.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires [Polk County Local Government] to determine this information by visual survey and/or other available information.

NAME: _____

POSITION APPLIED FOR: _____

DATE COMPLETED: _____

GENDER: (Please select one of the options below)

Male

Female

I do not wish to answer

RACE/ETHNICITY: (Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

Native American or Alaska Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

Two or more races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.

I do not wish to disclose.

Voluntary Self-Identification of Disability

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way. If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. Disabilities include, but are not limited to:

Blindness	Epilepsy	Schizophrenia
Deafness	Autism	Muscular dystrophy
Cancer	Cerebral palsy	Bipolar disorder
Diabetes	HIV/AIDS	Major depression
Multiple sclerosis (MS)	Missing limbs/partially missing limbs	Post-traumatic stress disorder (PTSD)
Obsessive compulsive disorder	Impairments requiring the use of a wheel chair	Intellectual disability (previously called mental retardation)

Please select one of the following:

YES, I have a disability (or previously had a disability)

No, I do not have a disability

I do not wish to answer

Printed Name

Signature

Date

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

Voluntary Self-Identification of “Protected” Veteran Status

Why Are You Being Asked to Complete This Form?

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA). VEVRAA requires Government contractors to take affirmative action to employ and advance in employment protected veterans. To help us measure the effectiveness of our outreach and recruitment efforts of veterans, we are asking you to tell us if you are a veteran covered by VEVRAA. Completing this form is completely voluntary, but we hope you fill it out. Any answer you give will be kept private and will not be used against you in any way.

For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor’s Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp

How Do You Know if You Are a Veteran Protected by VEVRAA?

Contrary to the name, VEVRAA does not just cover Vietnam Era veterans. It covers several categories of veterans from World War II, the Korean conflict, the Vietnam era, and the Persian Gulf War which is defined as occurring from August 2, 1990 to the present.

If you believe you belong to any of the categories of protected veterans please indicate by checking the appropriate box below. The categories are defined on the next page and explained further in an “Am I a Protected Veteran?” infographic provided by OFCCP.

I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED BELOW

I AM NOT A PROTECTED VETERAN

I DO NOT WISH TO ANSWER

Printed Name

Signature

Date

What Categories of Veterans Are “Protected” by VEVRAA?

“Protected” veterans include the following categories: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These categories are defined below.

A “disabled veteran” is one of the following:

a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or

a person who was discharged or released from active duty because of a service-connected disability.

A “recently separated veteran” means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

An “active duty wartime or campaign badge veteran” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

An “Armed forces service medal veteran” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.