



Anson County Government Employment Application

101 S Greene St # 240, Wadesboro, NC 28170

Phone (704)994-3150, Fax (704)994-3239

Application for Employment

Anson County Government

Position Applied For:

Last 4 Digits of Social Security Number:

Last Name:

First Name:

Date Of Application:

Contact Information

Address (Street Number and Name):

City:

County:

State:

Zip Code:

Phone (Home/Cell):

Email Address:

Personal Information

Driver's License: Yes No

Legal Right to Work in US: Yes No

Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training?

Yes No

Availability Information

Check the types of work you will accept:

1. Permanent Full-Time

2. Permanent Part-Time

3. Temporary Full-Time

4. Temporary Part-Time

5. Work Involving Travel

Shift or Split Shift Work

Enter earliest date you could begin work:

Are you willing to relocate?

Yes No

Do you now work for
Anson County
Government?

Yes

No

Are you a layoff candidate with Anson County
Government eligible for RIF priority reemployment
consideration?

Yes No

Notification Date:

If subject to Military Selective
Service registration, certify
compliance by initialing dotted
line:

.....

Are you related by blood or marriage to any person
now working for Anson County Government?

Yes No

If yes, give name, relationship to you and the
department where employed:

Please indicate your referral source:

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

Have you ever been convicted of an unlawful offense, other than a minor traffic violation?

Yes No

If Yes please explain below:

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.



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Name: _____

Education

What is your highest level of education?

High School

School Name:

Did you Graduate?

Yes No

Address:

City:

County:

State:

Zip Code:

Website:

College/University

School Name:

Did you Graduate?

Yes No

Address:

City:

County:

State:

Zip Code:

Website:

Dates Attended

Major(s):

Minor(s)

From:

To:

Degree Received:

Graduate or Professional

School Name:

Did you Graduate?

Yes No

Address:

City:

County:

State:

Zip Code:

Website:

Dates Attended

Major(s):

Minor(s):

From:

To:

Degree Received:

Other Educational, Vocational School, Internships, etc.

School Name:

Did you Graduate?

Yes No

Address:

City:

County:

State:

Zip Code:

Website:

Dates Attended

Major(s):

Minor(s):

From:

To:

Degree Received:

Additional Schools Attended

School Name:

Did you Graduate?

Yes No

Address:

City:

County:

State:

Zip Code:

Website:

Dates Attended

Major(s):

Minor(s):

From:

To:

Degree Received:

Work Experience

Company Information

Company/Agency Name:

Address:

City:

State:

Zip/Postal Code:

Country:

Phone:

Website:

May We Contact Employer? Yes No

Position Information

Position Title:

Hours/Week:



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Name: _____

Monthly Salary:	Employees Supervised:
Start Date:	End Date:
Supervisor	
Name:	Title:
Duties Summary	
List major duties that demonstrate your competencies related to the position for which you are applying:	
Reason For Leaving	
Company Information	
Company/Agency Name:	Address:
City:	State:
Zip/Postal Code:	Country:
Phone:	Website:
May We Contact Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Position Information	
Position Title:	Hours/Week:
Monthly Salary:	Employees Supervised:
Start Date:	End Date:
Supervisor	
Name:	Title:
Duties Summary	
List major duties that demonstrate your competencies related to the position for which you are applying:	
Reason For Leaving	
Company Information	
Company/Agency Name:	Address:
City:	State:
Zip/Postal Code:	Country:
Phone:	Website:
May We Contact Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Position Information	
Position Title:	Hours/Week:
Monthly Salary:	Employees Supervised:
Start Date:	End Date:



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Name: _____

Supervisor

Name: _____ Title: _____

Duties Summary

List major duties that demonstrate your competencies related to the position for which you are applying:

Reason For Leaving

Company Information

Company/Agency Name: _____ Address: _____
City: _____ State: _____
Zip/Postal Code: _____ Country: _____
Phone: _____ Website: _____

May We Contact Employer? Yes No

Position Information

Position Title: _____ Hours/Week: _____
Monthly Salary: _____ Employees Supervised: _____
Start Date: _____ End Date: _____

Supervisor

Name: _____ Title: _____

Duties Summary

List major duties that demonstrate your competencies related to the position for which you are applying:

Reason For Leaving

Skills, Certificates and Licenses

Skill: _____ Experience (# of years): _____

Level:

Beginner Intermediate Expert

Skill: _____ Experience (# of years): _____

Level:

Beginner Intermediate Expert

Skill: _____ Experience (# of years): _____

Level:

Beginner Intermediate Expert



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Name: _____

Skill:		Experience (# of years):	
Level:			
Beginner <input type="checkbox"/>		Intermediate <input type="checkbox"/>	
Expert <input type="checkbox"/>			
Certificate/License 1			
Certificate/License:		Issuing Agency:	
Date Issued:		Expiration Date:	
Certificate/License 2			
Certificate/License:		Issuing Agency:	
Date Issued:		Expiration Date:	
Languages:			
Supplemental Information			
Please list relevant membership in organizations, experiences and professional milestones below:			
References			
Reference 1			
First:		Last:	Title:
Phone:		Email:	
Address:		City:	
County:	State:		Zip Code:
Phone:		Email:	
Reference 2			
First:		Last:	Title:
Phone:		Email:	
Address:		City:	
County:	State:		Zip Code:

