

# Anson County Government

## Application for Employment

(Please Print)

Anson County  
Human Resources Department  
101 South Greene Street, Suite 240  
Wadesboro, NC 28170

Office: (704) 994-3228  
FAX: (704) 994-3239  
Email: [Ringram@co.anson.nc.us](mailto:Ringram@co.anson.nc.us)

PERSONAL DATA

Social Security Number	First name	Middle Name	Last Name
Address (Street Number and Name)		City	State      Zip Code
Phone (Home or Other Number Where You Can Be Reached) (   ) (   )		Business Phone (   ) (   )	

AVAILABILITY

Have you ever filed an application with us before?  Yes  No      If YES, give date \_\_\_\_\_

When are you available to begin employment? \_\_\_\_\_

Check the types of work you will accept:

Regular Full Time       Regular Part Time       Weekends  
 Temporary Full Time       Temporary Part Time       Any of the Above  
 Rotating Shifts       Night Work

Position Applied for \_\_\_\_\_

*Job Number*      *Position Title*

EDUCATION

	High School					Vocation/ Technical School		College/ University				Graduate/ Professional			
School Name and Location															
Circle Years Completed	9	10	11	12	GED	1	2	1	2	3	4	1	2	3	4
Dates Attended (mo/yr)	From:      To:		From:      To:		From:      To:		From:      To:		From:      To:						
List Credit Hours Received: (S)-Semester      (O)-Quarter															
Diploma/Degree Received															
Course of Study															

TRAINING

List fields of work for which you have been registered, licensed or certified.

Registration: \_\_\_\_\_ State: \_\_\_\_\_ No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Registration: \_\_\_\_\_ State: \_\_\_\_\_ No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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List Internships, specific courses, workshops, training and/or rotations you may have had that relate to the position you are applying for. Include credit hours of CEU's if applicable.

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# Employment History

Using a separate section for each position, describe in detail all work experience beginning with your present or most recent job. Include periods of unemployment, self-employment, military service, internships, and volunteer and summer work. Use additional "Continuation Sheets" if necessary. Be sure to indicate whether employment was full-time or part-time, and if part-time, state the average number of hours worked per week. Incomplete information will result in the disqualification of your application.

May we contact your present employer?  Yes  No

Employer: (Present or most recent)	Address:	Phone No.:
Job Title:	Name of Supervisor:	No. Supervised by You:
Date Employed: (mo/yr)	Starting Salary \$ _____ per	Ending Salary \$ _____ per
Date Separated: (mo/yr)	Reason for Leaving:	
<input type="checkbox"/> Full-time ____# Years ____# Months <input type="checkbox"/> Part-time ____# Years ____# Months If part time, number of hours per week _____	Job Duties: (Be specific)	

Employer: (Present or most recent)	Address:	Phone No.:
Job Title:	Name of Supervisor:	No. Supervised by You:
Date Employed: (mo/yr)	Starting Salary \$ _____ per	Ending Salary \$ _____ per
Date Separated: (mo/yr)	Reason for Leaving:	
<input type="checkbox"/> Full-time ____# Years ____# Months <input type="checkbox"/> Part-time ____# Years ____# Months If part time, number of hours per week _____	Job Duties: (Be specific)	

Employer: (Present or most recent)	Address:	Phone No.:
Job Title:	Name of Supervisor:	No. Supervised by You:
Date Employed: (mo/yr)	Starting Salary \$ _____ per	Ending Salary \$ _____ per
Date Separated: (mo/yr)	Reason for Leaving:	
<input type="checkbox"/> Full-time ____# Years ____# Months <input type="checkbox"/> Part-time ____# Years ____# Months If part time, number of hours per week _____	Job Duties: (Be specific)	

Employer: (Present or most recent)	Address:	Phone No.:
Job Title:	Name of Supervisor:	No. Supervised by You:
Date Employed: (mo/yr)	Starting Salary \$ _____ per	Ending Salary \$ _____ per
Date Separated: (mo/yr)	Reason for Leaving:	
<input type="checkbox"/> Full-time ____# Years ____# Months <input type="checkbox"/> Part-time ____# Years ____# Months If part time, number of hours per week _____	Job Duties: (Be specific)	

# Employment History Continuation Sheet

Name \_\_\_\_\_

Driver's License # \_\_\_\_\_

Social Security No. \_\_\_\_\_

Employer: (Present or most recent)		Address:		Phone No.:
Job Title:		Name of Supervisor:		No. Supervised by You:
Date Employed: (mo/yr)	Starting Salary \$ _____ per	Ending Salary \$ _____ per	Reason for Leaving:	
Date Separated: (mo/yr)	Job Duties: (Be specific)			
<input type="checkbox"/> Full-time ____# Years ____# Months <input type="checkbox"/> Part-time ____# Years ____# Months If part time, number of hours per week _____				
Employer: (Present or most recent)		Address:		Phone No.:
Job Title:		Name of Supervisor:		No. Supervised by You:
Date Employed: (mo/yr)	Starting Salary \$ _____ per	Ending Salary \$ _____ per	Reason for Leaving:	
Date Separated: (mo/yr)	Job Duties: (Be specific)			
<input type="checkbox"/> Full-time ____# Years ____# Months <input type="checkbox"/> Part-time ____# Years ____# Months If part time, number of hours per week _____				
Employer: (Present or most recent)		Address:		Phone No.:
Job Title:		Name of Supervisor:		No. Supervised by You:
Date Employed: (mo/yr)	Starting Salary \$ _____ per	Ending Salary \$ _____ per	Reason for Leaving:	
Date Separated: (mo/yr)	Job Duties: (Be specific)			
<input type="checkbox"/> Full-time ____# Years ____# Months <input type="checkbox"/> Part-time ____# Years ____# Months If part time, number of hours per week _____				
Employer: (Present or most recent)		Address:		Phone No.:
Job Title:		Name of Supervisor:		No. Supervised by You:
Date Employed: (mo/yr)	Starting Salary \$ _____ per	Ending Salary \$ _____ per	Reason for Leaving:	
Date Separated: (mo/yr)	Job Duties: (Be specific)			
<input type="checkbox"/> Full-time ____# Years ____# Months <input type="checkbox"/> Part-time ____# Years ____# Months If part time, number of hours per week _____				

Indicate skills, knowledge and abilities in the following areas which relate to the position you are applying for. Please check all that apply and that you would be able to use immediately upon employment.

- |   |  |
|---|--|
| <input type="checkbox"/> Typing _____ wpm                                       | <input type="checkbox"/> Speedwriting _____ wpm          |
| <input type="checkbox"/> Shorthand _____ wpm                                    | <input type="checkbox"/> Data Entry _____ keystrokes/hr. |
| <input type="checkbox"/> Transcription _____ wpm                                | <input type="checkbox"/> Adding Machine/Calculator       |
| <input type="checkbox"/> Word Processing (specify equipment and software) _____ |  |

Computer Operations (specify equipment) \_\_\_\_\_

Computer Programming (specify languages and equipment) \_\_\_\_\_

Other \_\_\_\_\_

### Supplemental Information for Social Work and Clinical Social Work Positions

- If your degree is in a curriculum other than social work, please list counseling or related courses with credit hours received or submit a copy of your transcript.
- What percentage of time was spent performing individual and/or group counseling?
 

Employment A: _____ %	Employment C: _____ %
Employment B: _____ %	Employment D: _____ %
- What percentage of time was spent providing clinical counseling and/or therapy?
 

Employment A: _____ %	Employment C: _____ %
Employment B: _____ %	Employment D: _____ %
- Briefly explain your experience obtaining social histories.
- What was the size of your caseload? Briefly describe the treatment plans you developed.
- Did you provide psychological assessments/diagnoses?     Yes     No  
If yes, briefly describe the types of problems you've diagnosed.

Do you work for Anson County Government?  No  Yes

If yes, are you:  Regular  Temporary

Are you a former employee of Anson County Government?  No  Yes

If yes, please indicate: Department \_\_\_\_\_ Date Separated \_\_\_\_\_

Are you related by blood or marriage to any person currently employed by Anson County Government?  No  Yes

If yes, please indicate: Name \_\_\_\_\_ Department \_\_\_\_\_ Relationship \_\_\_\_\_

Are you legally eligible to work in the United States?  No  Yes

If you are subject to Selective Service registration, are you in compliance?  No  Yes

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

If yes, please explain: \_\_\_\_\_

**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.

Do you have a valid driver's license?  No  Yes

List three persons who are not related to you who have definite knowledge of your qualifications for the position for which you are applying such as co-workers, teacher, etc. DO NOT repeat the names of your supervisors previously listed.

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Certificate of Applicant

I certify that, to the best of my knowledge and belief, the statements given truly represent my background and experience. In addition, I give the following Authorization to Release Information. I hereby authorize my previous employers, personal references listed and other persons or institutions shown on my application to provide Anson County any information requested. I further authorize Anson County to conduct a Police and Court Records investigation of my background. I understand that false information may be grounds for rejection of my application and (or) dismissal if I am employed. I understand that failure to pay City and Anson County taxes on a timely basis during the tenure of my employment is grounds for dismissal. I further understand that if I have outstanding City and Anson County taxes at the time I am hired, my wages will be subject to immediate garnishment by the County.

\_\_\_\_\_  
*Applicant's Signature* \_\_\_\_\_  
*Date*

#### Before Submitting Your Application, Please Check To See If You Have:

1. Listed the correct job number and position title.
2. Listed your phone number correctly or a number where you can be reached.
3. Given complete information on your education, training and work experience.
4. Signed and dated your application. Unsigned applications will not be processed.