

Anson County Government

101 South Greene St.
Wadesboro, NC 28170
Phone (704) 994-3228

Thank you for your interest in Anson County Government

PLEASE READ AND FOLLOW CAREFULLY

Keep this Information Page for Your Records. Do not return with your completed application.

Incomplete applications will not be considered. Applications that are received unsigned, undated, incomplete, illegible, with postage due or after the closing date will be eliminated from consideration.

We strive to notify every applicant as to the status of his/her application once interviewing has been completed. This notification may take up to a month after the last day we accept applications for the vacancy. To receive a timelier notification please provide an email address.

- Applications are accepted for current Anson County vacancies only.
- If you apply for any future vacancies, a separate application will be required.
- Please type or print application information.
- Resumes and cover letters may be submitted with the completed application as supplemental information only.
- "See Resume" is not accepted as a completed application.
- Due to State of North Carolina guidelines, you ***must submit your college transcript*** for all positions requiring a college degree in Social Services or the Health Department.
- If additional space is needed, attach separate pages and date and sign those pages.
- A completed Anson County Employment Application must be RECEIVED along with transcripts (if applicable) in the Human Resources Office by 5:00 pm on the closing date to be considered for a current vacancy.
- Anson County Government is a drug-free workplace. All persons offered employment must complete a negative drug screen before being employed.
- Anson County Government mandates that all applicants agree to a criminal background check prior to employment. All persons offered employment must complete a background screen before being employed.
- You must provide proof of eligibility for employment in the United States of America.

As you consider making an application for employment with Anson County Government, please note that ***the following is public record in North Carolina with respect to each county employee:*** Name, Age, Date of original employment or appointment to county service, Terms of any contract by which the employee is employed, Current position, Title, Current salary, The office/department to which the employee is currently assigned, Date and amount of each increase or decrease in salary with that county, Date and type of each promotion, demotion, transfer, suspension, separation, or other change in position classification with that County, Date and general description of the reasons for each promotion with that county, Date and type of each dismissal, suspension, or demotion for disciplinary reasons taken by the County. If the disciplinary action was a dismissal, a copy of the written notice of the final decision of the county setting forth the specific acts or omissions that are the basis of the dismissal.

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

PERSONAL DATA

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

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 _____
Position Title

EDUCATION

	High School	Community College/ 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:
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: _____

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.

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 \$	Ending Salary \$
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 _____		
Reason for Leaving:		

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)	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 _____		
Reason for Leaving:		

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)	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 _____		
Reason for Leaving:		

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)	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 _____		
Reason for Leaving:		

Employment History Continuation Sheet

Name _____

Driver's License # _____

Social Security No. _____

E

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 _____				

F

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 _____				

G

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 _____				

H

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's 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, Court, Credit and/or Motor Vehicle Records investigation of my background related to the job for which I am applying. I understand that false information may be grounds for rejection of my application and (or) dismissal if I am employed. 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 using or abusing these substances. I consent to the testing and understand that the results could preclude my appointment. 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 position for which you are applying for.
2. Listed your phone number correctly or a number where you can be reached, as well as an email address.
3. Given complete information on your education, training and work experience.
4. Signed and dated your application. **Incomplete and Unsigned applications will not be processed.**