

**NOTICE**

1. THE MID-EAST COMMISSION EMPLOYS ONLY U.S. CITIZENS OR ALIENS WHO CAN PROVIDE PROOF OF IDENTITY AND WORK AUTHORIZATION WITHIN THREE WORKING DAYS OF EMPLOYMENT.
2. MALES SUBJECT TO MILITARY SELECTIVE REGISTRATION MUST CERTIFY COMPLIANCE TO BE ELIGIBLE FOR EMPLOYMENT (G.S. 143B-421). SEE AVAILABILITY BLOCK

WHEN COMPLETING THIS APPLICATION, PLEASE MAKE SURE YOU:

1. USE A BLACK INK PEN OR TYPEWRITER.
2. COMPLETE THE SECTION FOR EQUAL OPPORTUNITY INFORMATION.
3. GIVE COMPLETE INFORMATION ON YOUR EDUCATION AND WORK HISTORY ("SEE RESUME" IS NOT ACCEPTABLE).
4. LIST SEPARATELY EACH JOB HELD AND YOUR DUTIES FOR EACH POSITION WHEN YOU WORKED FOR ONE EMPLOYER AND HELD MORE THAN ONE POSITION.

<b>APPLICATION FOR EMPLOYMENT</b>			<b>MID-EAST COMMISSION</b>			DATE OF APPLICATION																																			
Please Print or Type (SSN Voluntary, for Record-Keeping and Data Processing Only)																																									
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 ( ) ( )																																					
<p><u>Availability</u></p> <p>Are you related by blood or marriage to any person now working for the Mid-East Commission? ( ) YES ( ) NO (If yes, give name, relationship to you and the department where employed.) _____</p> <p>If subject to Military Selective Service registration, certify compliance by initializing dotted line:.....</p>																																									
<p><u>Military Service</u></p> <p>Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training? ( ) YES ( ) NO            Do you have a service connected disability? ( ) YES ( ) NO            At the time of this application, are you the surviving spouse or dependent of a deceased veteran who died from service-related reasons? ( ) YES ( ) NO            At the time of this application, are you the spouse of a disabled veteran? ( ) YES ( ) NO            Give dates of your (or spouse's) qualifying activity military service:            Entered _____ Separated _____ Branch _____ Rank _____</p>																																									
AGENCY USE ONLY				ELIGIBILITY FOR VETERAN'S PREFERENCE ( ) YES ( ) NO																																					
<p>CHECK the types of work you will accept: ( ) 1. Regular full-time ( ) 2. Regular part-time ( ) 3. Temporary full-time ( ) 4. Temporary part-time            ( ) 5. Any of the preceding ( ) 6. Work involving travel ( ) 7. Shift or split shift work</p> <p>If you are not available for work now, enter the earliest date you could begin work (month/day/year) _____</p>																																									
<p><u>Jobs Applied For</u></p> <p>Enter below the specific title(s) of the Job(s) for which you are applying. Please list no more than three on this application.            1. _____ 2. _____ 3. _____</p>																																									
<p><u>Referral Source</u></p> <p>Please indicate your referral source: _____ If you were referred by the Employment Security Commission (Job Service), please indicate which local office: _____</p>																																									
<p><u>Education</u></p> <p>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.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Schools</th> <th>Name and Location</th> <th>Dates Attended (mo/yr) From: To:</th> <th>Grad?</th> <th>S/Q Hrs.</th> <th>Maj/Min Course Work</th> <th>Type of Degree Received</th> </tr> </thead> <tbody> <tr> <td>High School</td> <td></td> <td></td> <td>Yes No</td> <td></td> <td></td> <td></td> </tr> <tr> <td>College(s) University(ies)</td> <td></td> <td></td> <td>Yes No</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Graduate School(s) or Professional Schools</td> <td></td> <td></td> <td>Yes No</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Other educational Vocational schools, internships, etc.</td> <td></td> <td></td> <td>Yes No</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>							Schools	Name and Location	Dates Attended (mo/yr) From: To:	Grad?	S/Q Hrs.	Maj/Min Course Work	Type of Degree Received	High School			Yes No				College(s) University(ies)			Yes No				Graduate School(s) or Professional Schools			Yes No				Other educational Vocational schools, internships, etc.			Yes No			
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<p>Special training programs and seminars you have completed in the last five years (List):            _____</p> <p>If the job(s) applied for calls for specific courses, indicate those courses taken and credits received:            _____</p>																																									
<p>Membership in professional, honorary, or technical societies (List):            _____            _____</p>				<p><b>DO NOT COMPLETE THIS BLOCK            DEGREES AND PROFESSIONAL CREDENTIALS</b>            ( ) Have been verified.            ( ) Will be verified within 90 days (G.S. 126-30)</p>																																					
				Person responsible _____																																					



**WORK HISTORY - CONTINUATION SHEET**

**LAST NAME:**

**SOCIAL SECURITY NUMBER:**

Current or Last Employer:		Address:		
Job Title		Supervisor's name and telephone number		No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$                      per	Ending or Current Salary	Reason for Leaving	May we contact employer: YES ____ NO ____
Date Separated (mo/yr)	List major duties in order of their importance in the job: _____			
<hr/> Full-Time      Years      Months	_____			
<hr/> Part-Time      Years      Months	_____			
If part-time, number of hours worked per week:	_____			
Current or Last Employer:		Address:		
Job Title		Supervisors name and telephone number:		No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$                      per	Ending or Current Salary	Reason for Leaving	May we contact employer? YES ____ NO ____
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Current or Last Employer:		Address:		
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<hr/> Part-Time      Years      Months	_____			
If part-time, number of hours worked per week:	_____			

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. 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 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