

Cleveland County Personnel  
P. O. Box 1210  
311 E. Marion Street  
Shelby, NC 28151-1210

**Cleveland County Government**  
**APPLICATION FOR EMPLOYMENT**  
*(Please Print)*

OFFICE: (704) 484-4833  
FAX: (704) 484-4762  
JOB LINE: (704) 484-4819

<b>P E R S O N A L  D A T A</b>	FIRST NAME	MIDDLE NAME	LAST NAME	
	ADDRESS (Street Number and Name)	CITY	STATE	ZIP CODE
	PHONE (Home or Other Number and Name Where You Can Be Reached) (      )	BUSINESS PHONE (      )		

<b>A V A I L A B I L I T Y</b>	<ul style="list-style-type: none"> <li>When are you available to begin employment? _____</li> <li>Check the types of work you will accept: <ul style="list-style-type: none"> <li><input type="checkbox"/> Regular Full Time</li> <li><input type="checkbox"/> Regular Part Time</li> <li><input type="checkbox"/> Weekends</li> <li><input type="checkbox"/> Temporary Full Time</li> <li><input type="checkbox"/> Temporary Part Time</li> <li><input type="checkbox"/> Any of the above</li> <li><input type="checkbox"/> Rotating Shifts</li> <li><input type="checkbox"/> Night Work</li> </ul> </li> <li>Position Applied For _____</li> </ul>
	<p>_____</p> <p><i>JOB NUMBER</i></p> <p>_____</p> <p><i>POSITION TITLE</i></p>

<b>E D U C A T I O N</b>		HIGH SCHOOL					VOCATIONAL / TECHNICAL SCHOOL		COLLEGE / UNIVERSITY				GRADUATE / PROFESSIONAL			
	School Name and Location															
	Mark Years Completed	9	10	11	12	GED	1	2	1	2	3	4	1	2	3	4
	Dates Attended (mo/yr)	FROM:					FROM:		FROM:				FROM:			
		TO:					TO:		TO:				TO:			
	List Credit Hours Received: (S)-Semester (Q)-Quarter															
	Diploma/Degree Received															
Course of Study																

<b>T R A I N I N G</b>	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 or 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

<b>A</b>	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 _____				

<b>B</b>	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 _____				

<b>C</b>	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 _____				

<b>D</b>	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 _____				

# EMPLOYMENT HISTORY CONTINUATION SHEET

Name \_\_\_\_\_

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											



**GENERAL INFORMATION**

- Do you work for Cleveland County Government?  No  Yes  
 If yes, are you:  Regular  Temporary
- Are you a former employee of Cleveland County Government?  No  Yes  
 If yes, please indicate: Department \_\_\_\_\_ Date separated \_\_\_\_\_
- Are you related by blood or marriage to any person currently employed by Cleveland 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  
 State \_\_\_\_\_ Class/Type \_\_\_\_\_ Number \_\_\_\_\_ Exp Date \_\_\_\_\_  
 State \_\_\_\_\_ Class/Type \_\_\_\_\_ Number \_\_\_\_\_ Exp Date \_\_\_\_\_  
 State \_\_\_\_\_ Class/Type \_\_\_\_\_ Number \_\_\_\_\_ Exp Date \_\_\_\_\_

**REFERENCES**

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, teachers, etc. DO NOT repeat the names of 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 and hereby authorize my previous employers, personal references listed, and other persons or institutions shown on my application to provide Cleveland County any information requested. I further authorize Cleveland County to conduct a Police and Court Records investigation on my background. I understand that false information may be grounds for rejection of my application and (or) dismissal if I am employed. Cleveland County collects social security numbers from applicants for the purpose of employment related drug screening and to conduct a police and court record investigation.

\_\_\_\_\_

Social Security Number (Optional)
Applicant's Signature
Date

**BEFORE SUBMITTING YOUR APPLICATION, PLEASE CHECK TO SEE IF YOU HAVE:**

1. Given complete information on your education, training and work experience.
2. Signed and dated your application. Unsigned applications will not be processed.

**AN EQUAL OPPORTUNITY EMPLOYER**

CLEVELAND COUNTY  
HUMAN RESOURCES DEPARTMENT  
EMPLOYMENT APPLICATION PROCESS

- Applications are accepted for current Cleveland County vacancies only.
- A Cleveland County application for employment must be completed and received in the Human Resources Department by 5:00 p.m. on the closing date to be considered for a current vacancy.
- For positions requiring a college degree or certification, a college transcript must accompany the application. A copy of the transcript will be accepted.
- Incomplete applications, including unsigned applications, will not be considered for the position(s) you are applying.
- Applicants will be notified by mail when the position(s) are filled. This process may span several weeks from the advertised closing date.
- For information concerning any positions with Cleveland County, please call the Human Resources Department at (704) 484-4833, or you may contact the Jobline at (704) 484-4819.

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**EQUAL EMPLOYMENT OPPORTUNITY (EEO)  
APPLICANT TRACKING FORM**

**Applicants and employees are considered for all positions and are treated during their employment without regard to their race, color, creed, religion, sex, national origin, age, military status, and disability.**

**As an employer taking the affirmative to help comply with governmental requirements, we would appreciate your completing this form. However, completion of this form is strictly voluntary. This data will be physically separated from your job application. Its sole use will be to see how well our recruitment efforts are reaching all segments of the population.**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sex  Male  Female

Veteran  Yes  No.

*If yes, give dates of your military service:*  
Entered \_\_\_\_\_ Discharged \_\_\_\_\_

Ethnic Group :

White  Black  American Indian  
 Hispanic  Asian  Other \_\_\_\_\_

How Did You Learn of This Position? (Please make a selection)

Cleveland County Website  
 Position Vacancy Listing  
 Job Line  
 ESC  
 County Employee  
 Shelby Daily Star  
 Gastonia Gazette  
 Charlotte Observer  
 The Community Voice  
 Walk-In  
 Shelby Shopper  
 Other Newspaper \_\_\_\_\_  
 Other \_\_\_\_\_

Citizenship :

Are you an American citizen?  Yes  No

If No, what authority do you have to work in Cleveland County? Provide type of documentation and verification number.

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