

Western Piedmont Council of Governments (SSN Voluntary, for Record Keeping and Data Processing Only)				Application for Employment		Date of Application _____	
Social Security Number _____		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 _____	
Are you related by blood or marriage to any person now working for WPCOG? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give name, relationship to you. _____				If subject to Military Selective Service registration, certify compliance by initialing dotted line			
Military Service Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training? <input type="checkbox"/> YES <input type="checkbox"/> NO Do you wish to declare a service-connected disability? <input type="checkbox"/> YES <input type="checkbox"/> NO Are you a member of the Military Reserves? <input type="checkbox"/> YES <input type="checkbox"/> NO Branch: _____ Rank: _____							
CHECK the types of work you will accept: <input type="checkbox"/> 1. Permanent full-time <input type="checkbox"/> 2. Permanent part-time <input type="checkbox"/> 3. Temporary full-time <input type="checkbox"/> 4. Temporary part-time <input type="checkbox"/> 5. Any of the preceding <input type="checkbox"/> 6. Work involving Travel If you are not available for work now, enter the earliest date you could begin work (mo/day/yr.) _____							
Job Applied For Enter the specific title of the job for which you are applying. _____							
Referral Source Please indicate your referral source: _____ If you were referred by the Employment Security Commission (Job Service) please indicate which local office: _____							
Education 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.							
Schools	Name and Location	Dates Attended (mo/yr) From: To:	Grad? YES <input type="checkbox"/> NO <input type="checkbox"/>	S/Q Hrs.	Major/Minor Course Work	Type of Degree Received	
High School			YES <input type="checkbox"/> NO <input type="checkbox"/>				
College(s) University (s)			YES <input type="checkbox"/> NO <input type="checkbox"/>				
Graduate or Professional			YES <input type="checkbox"/> NO <input type="checkbox"/>				
Other educational, vocational school, internships, etc.			YES <input type="checkbox"/> NO <input type="checkbox"/>				
Special training programs and seminars you have completed in the last five years (list): _____							
Membership in professional, honorary, or technical societies (list): _____							
Licenses and certifications (List, giving dates and sources of issuance): _____							
Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.) <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, explain fully on an additional sheet.)							
Equal Opportunity Information (optional) WPCOG policy prohibits discrimination based on race, sex, color, creed, national origin, age or disability. Sex or age is a bona fide occupational qualification in a small number of WPCOG jobs. The information requested below will in no way affect you as an applicant. Its sole use will be to see how well our recruitment efforts are reaching all segments of the population.							
Date of Birth _____ / _____ / _____		Check One SEX <input type="checkbox"/> <input type="checkbox"/> (male) (female)		DISABILITY: "Disability means, with respect to an individual: (1) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (2) a record of such an impairment; or (3) being regarded as having such an impairment" (Americans with Disabilities Act of 1990). Persons without a disability should check item A. The reporting of a disability is strictly VOLUNTARY . Persons with disabilities who DO NOT WISH to report their disabilities should check item A. Information reported on this form will be kept confidential as required by State law. Public disclosure of this information without your consent would be a violation of G.S. 126-27.			
ETHNIC GROUP							
1. <input type="checkbox"/> White (non-Hispanic)		A <input type="checkbox"/> None/Prefer not to report		G <input type="checkbox"/> Respiratory impairment			
2. <input type="checkbox"/> Black (non-Hispanic)		B <input type="checkbox"/> Blind or severely visually impaired		H <input type="checkbox"/> Nervous system/Neurological disorder			
3. <input type="checkbox"/> Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race)		C <input type="checkbox"/> Deaf or severely hearing impaired		I <input type="checkbox"/> Mentally restored			
4. <input type="checkbox"/> Asian (including Pacific Islander)		D <input type="checkbox"/> Loss of limited use of arms and/or hands		J <input type="checkbox"/> Mental retardation			
5. <input type="checkbox"/> American Indian (including Alaskan native)		E <input type="checkbox"/> Non-ambulatory (must use wheelchair)		K <input type="checkbox"/> Learning disability			
		F <input type="checkbox"/> Other orthopedic impairment (including amputation, arthritis, back injury, cerebral palsy, spina bifida, etc.)		L <input type="checkbox"/> Others (heart disease, diabetes, speech impairment)			
				M <input type="checkbox"/> Other (please specify) _____			

WORK HISTORY (include volunteer experience) Use Additional Sheets if Necessary

Current or Last Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ per	Ending or Current Salary \$ per	Reason for Leaving	May We Contact Employer YES <input type="checkbox"/> NO <input type="checkbox"/>
Date Separated (mo/yr)	Full Time Years Months	Part Time Years Months	If part time, number of hours worked per week:	

List major duties in order of their importance in the job:

Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ per	Ending or Current Salary \$ per	Reason for Leaving	May We Contact Employer YES <input type="checkbox"/> NO <input type="checkbox"/>
Date Separated (mo/yr)	Full Time Years Months	Part Time Years Months	If part time, number of hours worked per week:	

List major duties in order of their importance in the job:

Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ per	Ending or Current Salary \$ per	Reason for Leaving	May We Contact Employer YES <input type="checkbox"/> NO <input type="checkbox"/>
Date Separated (mo/yr)	Full Time Years Months	Part Time Years Months	If part time, number of hours worked per week:	

List major duties in order of their importance in the job:

Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ per	Ending Salary \$ per	Reason for Leaving	May We Contact Employer YES <input type="checkbox"/> NO <input type="checkbox"/>
Date Separated (mo/yr)	Full Time Years Months	Part Time Years Months	If part time, number of hours worked per week:	

List major duties in order of their importance in the job:

REFERENCES List names and addresses of three persons (not relatives) who have known you for some time.

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