



Application for Employment

Submit in-person or mail to: 399 Grindstaff Cove Road, Sylva, NC 28779 Phone 828.586.8901 • Fax 828.631.1113
Do not email application

Instructions

To be considered for employment with Jackson County, **completion of all sections** of this Application for Employment **is required** (unless listed as optional). Jackson County employs only US citizens or foreign nationals who can provide proof of identity and work authorization with three (3) working days of employment. Males subject to military selective service registration must certify compliance to be eligible for employment. (G.S. 143b-421.1)

Date of Application _____

Applicant Name and Contact Information

Full Social Security Number	Last Name	First Name	Middle Name
Mailing Address	City	State	Zip
Date of Birth <small>mm/dd/yyyy</small>			
Primary Phone # <small>check one: Cell Work Home</small>	Secondary Phone # <small>check one: Cell Work Home</small>		
Driver License Number	Email		

Availability

Do you now work for the State of NC or local government entity within NC?	Yes	No
Are you related by blood or marriage to any person now working for Jackson County?	Yes	No
If Yes, give name, relationship and the department where employed: _____		
If subject to Military Selective Service registration, applicant must certify compliance to be eligible for employment (GS143b-421.1).		Initial to certify HERE: _____
CHECK the types of work you will accept:	Permanent full-time	Permanent part-time
	Temporary full-time	Temporary part-time
	Any of the preceding	Work involving travel
		Shift or split shift work
If you are not available for work now, enter the earliest date you could begin work (month/day/ year): _____		

Position Applied For

Deputy Sheriff Detention Officer BLET Sponsorship
 Intern/Volunteer Other _____

Education

Type of Education	Name and Location	Graduate?	Major/Minor Course of Study	Type of Degree Earned
High School		Yes No		
GED		Yes No		
Technical, Trade, Community College		Yes No		
College/University		Yes No		
Graduate or Professional		Yes No		
Additional Education (vocational or internship)		Yes No		
BLET/Detention		Yes No		

Military Service

Branch of Service	Dates of Service	Type of Discharge	Rank Upon Discharge	Reserve Duty Obligation?	
				Yes	No
	From To				

Specialized Training Certificates Earned

Detention Officer Certification Basic Law Enforcement Training Intoxilyzer 5000 Radar Operator Other _____
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Current Certification(s)

North Carolina Criminal Justice Training and Standards Commission	Yes	No	
North Carolina Sheriff's Training and Standards Commission	Yes	No	
Other _____			

Other Courses/Training

List other special training or courses that are relevant to the position applied for:

Employment History – include volunteer experience. Use additional sheets if necessary. As you describe your work experiences, make sure you highlight your competencies which demonstrate your qualifications for the position for which you are applying.

Current or Last Employer				
Employer Mailing Address		City	State	Zip
Supervisor's Name		Supervisor's Phone Number		Supervisor's Email
Your Job Title:	# Supervised by You	Reason for Leaving	May We Contact the Employer?	
		Yes		No
Date Employed (mo/yr)	Lists major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:			
Date Separated (mo/yr)				
Starting Salary				
Ending Salary				
Full-Time <u>Years</u> <u>Months</u>				
Part-Time <u>Years</u> <u>Months</u>				
If Part-Time, number of hours per week:				

Employment History (continued)

Former Employer				
Employer Mailing Address		City	State	Zip
Supervisor's Name		Supervisor's Phone Number		Supervisor's Email
Your Job Title:	# Supervised by You	Reason for Leaving	May We Contact the Employer? Yes No	
Date Employed (mo/yr)	Lists major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:			
Date Separated (mo/yr)				
Starting Salary				
Ending Salary				
Full-Time <u>Years</u> <u>Months</u>				
Part-Time <u>Years</u> <u>Months</u>				
If Part-Time, number of hours per week:				

Former Employer				
Employer Mailing Address		City	State	Zip
Supervisor's Name		Supervisor's Phone Number		Supervisor's Email
Your Job Title:	# Supervised by You	Reason for Leaving	May We Contact the Employer? Yes No	
Date Employed (mo/yr)	Lists major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:			
Date Separated (mo/yr)				
Starting Salary				
Ending Salary				
Full-Time <u>Years</u> <u>Months</u>				
Part-Time <u>Years</u> <u>Months</u>				
If Part-Time, number of hours per week:				

Certification

I hereby 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

Jackson County Sheriff's Office		Employment History		Last Name	
Application for Employment		Continuation Sheet			
Former Employer					
Employer Mailing Address			City	State	Zip
Supervisor's Name		Supervisor's Phone Number		Supervisor's Email	
Your Job Title:		# Supervised by You	Reason for Leaving		May We Contact the Employer? Yes No
Date Employed (mo/yr)	Lists major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:				
Date Separated (mo/yr)					
Starting Salary					
Ending Salary					
Full-Time <u>Years</u> <u>Months</u>					
Part-Time <u>Years</u> <u>Months</u>					
If Part-Time, number of hours per week:					

Former Employer					
Employer Mailing Address			City	State	Zip
Supervisor's Name		Supervisor's Phone Number		Supervisor's Email	
Your Job Title:		# Supervised by You	Reason for Leaving		May We Contact the Employer? Yes No
Date Employed (mo/yr)	Lists major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:				
Date Separated (mo/yr)					
Starting Salary					
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Full-Time <u>Years</u> <u>Months</u>					
Part-Time <u>Years</u> <u>Months</u>					
If Part-Time, number of hours per week:					

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Signature of Applicant
(unsigned applications will not be processed)

Date

JACKSON COUNTY

Equal Employment Opportunity Information

Jackson County recognizes its continued success in meeting the needs of its citizens requires the full and active participation of talented and committed individuals, regardless of their gender, race, color, creed, religion, national origin, age, disability, sexual orientation or political affiliation. The information requested below will not affect you as an applicant and is not forwarded to the hiring manager. Its sole use will be to see how well our recruitment efforts are reaching all segments of the population. Answering the ethnicity question is optional. Birthdate and gender are required.

Birthdate (required):

_____	_____	_____
Month	Day	Year

Gender (required):

- Male
- Female

Ethnicity (optional):

- White (Non-Hispanic/Latino)
- Black or African American (Non-Hispanic/Latino)
- Asian
- American Indian or Alaskan Native
- Native Hawaiian or Other Pacific Islander
- Two or More Races (Non-Hispanic/Latino)
- Hispanic/Latino

Disability:

- Yes, I have a disability (or previously had a disability)
- No, I don't have a disability
- I don't wish to answer