

Western Piedmont Council of Governments				Application for Employment		Date of Application	
Last Name			First Name			Middle Name	
Address (Street number and name)				City		County	
State		Zip Code		Phone (Home or where you can be reached)		Email	
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: _____							
Education							
Please select the highest grade completed:							
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):							
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 (Required) ____/____/____	GENDER Check One (Required) Male Female		DISABILITY Yes, I have a disability (or previously had a disability) No, I don't have a disability I don't wish to answer		In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, familial status, sexual orientation, and reprisal. (Not all prohibited bases apply to all programs). To file a complaint of discrimination, write to: USDA, Assistant Secretary for Civil Rights Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, S.W., Stop 9410 Washington, DC 20250-9410 Or call toll-free at (866) 632-9992 (English) or (800) 877-8339 (TDD) or (866) 377-8642 (English Federal-relay) or (800) 845-6136 (Spanish Federal-relay). USDA is an equal opportunity provider and employer.		
ETHNICITY							
<ol style="list-style-type: none"> 1. White (Non-Hispanic/Latino) 2. Black or African American (Non-Hispanic/Latino) 3. Asian (including Pacific Islander) 4. American Indian or Alaskan Native 5. Native Hawaiian or Other Pacific Islander 6. Two or More Races (Non-Hispanic/Latino) 7. Hispanic/Latino 							

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, addresses, and phone numbers 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