

**HIGH COUNTRY COUNCIL OF GOVERNMENTS
468 NEW MARKET BLVD, BOONE, NC 28607**

AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

NOTE: PLEASE RESPOND TO EACH QUESTION EVEN THOUGH YOU ATTACH A RESUME.

1. Full Legal Name: _____
2. Social Security Number: _____ 3. Date: _____
4. Mailing Address where applicant can currently be reached: _____
_____ County of Residence: _____

Telephone Number(s) where applicant can currently be reached and include hours available at each number:

5. U. S. Citizen: Yes No 6. Valid Driver's License: Yes No
Driver's License #:

7. List relatives employed by High Country Council of Governments (if any):

8. List the job title(s) or description(s) for which you would like to be considered:

9. Type(s) of employment desired: Full Time
Part Time
Temporary

10. When available?

11. Have you earned a high school diploma or its equivalent? Yes No
Where? Date:

12. Have you earned a degree, license, certification, or other college credit beyond high school?
Yes No If yes, please briefly describe:

13. Have you earned a degree, license, certification, or other graduate credit beyond a bachelor degree?
Yes No If yes, please briefly describe (or reference resume):

CURRENT EMPLOYMENT INFORMATION:

14. Are you currently employed? Yes No ; Date employment began _____
If yes, please complete the following:
- A. Name of employing firm or agency:
 - B. What are your job duties?
 - C. May your current employer be contacted for references? Yes No
 - D. If yes, please give name, address, and phone number of your immediate supervisor;
 - E. Reason(s) for seeking other employment:

PAST EMPLOYMENT INFORMATION:

15. Previous employment (within past 15 years only):
- A. Name of employing firm or agency: _____
Address: _____
Telephone Number(s): _____
Immediate Supervisor: _____
Job duties: _____

Dates of employment: From _____ To _____
Reason(s) for leaving: _____
 - B. Name of employing firm or agency: _____
Address: _____
Telephone Number(s): _____
Immediate Supervisor: _____
Job duties: _____

Dates of employment: From _____ To _____
Reason(s) for leaving: _____

C. Name of employing firm or agency: _____
Address: _____
Telephone Number(s): _____
Immediate Supervisor: _____
Job duties: _____

Dates of employment: From _____ To _____
Reason(s) for leaving: _____

REFERENCES:

16. Please list two personal references other than relatives:

A. Name: _____	Address: _____
Telephone: _____	Occupation: _____
B. Name: _____	Address: _____
Telephone: _____	Occupation: _____

17. Please list three professional references:

A. Name: _____	Address: _____
Telephone: _____	Occupation: _____
B. Name: _____	Address: _____
Telephone: _____	Occupation: _____
C. Name: _____	Address: _____
Telephone: _____	Occupation: _____

18. Would you require any special accommodations in order to perform the job for which you are applying?

19. Do you have a vehicle for use on the job for required travel? Yes No

Describe any obstacles or restrictions which may affect travel within the Region or occasional overnight travel elsewhere.

20. If applicable, (for Males Age 18-25 only) have you complied with the U.S. Selective Service (draft) registration requirement? Yes No

21. Have you EVER been convicted, under any name, of an offense against the law, other than a normal normal traffic violation? Offenses include, but are not limited to, driving while impaired, assault, communicating threats, simple worthless check, and ANY misdemeanor or felony, even if resolved out of court.
Yes No

If yes, please explain: _____

EMPLOYMENT AGREEMENT:

I voluntarily give the Council the right to make a thorough investigation of my past employment and other data contained on this application and agree to release from all liability or responsibility all persons supplying such information. I understand that a criminal record check may be made and that a pre-employment physical examination at my expense may be required. I further understand that any false answers or statements made by me on this application or any supplement thereto or in connection with the above mentioned application will be sufficient grounds for dismissal.

Signature of Applicant _____ Date _____

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EQUAL OPPORTUNITY/AFFIRMATIVE ACTION DATA

High Country Council of Governments is an equal opportunity employer which operates according to Affirmative Action policies and procedures. Qualified applicants are considered for employment, and all employees are supervised and evaluated without regard to race, color, religion, sex, national origin, age, marital status, or handicap.

To assist this agency in complying with Federal/State Equal Employment Opportunity standards of record keeping and reporting, and in applying our Affirmative Action Plan, please provide the information requested below. This data will be kept confidential.

A. Full Name: _____

B. Social Security Number:

C. Birth Date: _____ Age: _____

D. Race/Ethnic Group:

White

Black

Hispanic

European (Non-Hispanic)

American Indian/Alaskan Native

Asian/Pacific Islander

E. Sex: Male Female

F. Are you a Veteran: Yes No

I certify the above information to be true to the best of my knowledge and recognize that false or misleading information is sufficient cause for dismissal.

Signature of Applicant _____ Date _____