

Employment Application

General Information

Land of Sky Regional Council is a council of government composed of city and county governments from our four county region (Buncombe, Henderson, Madison and Transylvania) in Western North Carolina. The Council serves as a regional planning agency for physical, human resources, and governmental services programs and may operate such programs as are assigned to it. Persons with professional experience, education and background are encouraged to apply for staff positions. Land of Sky is an Equal Opportunity / Affirmative Action Employer.

Position(s) applied for: _____ Date: _____

Name: last _____ first _____ middle _____

Address: street _____ city _____ state _____ zip _____

Phone: home _____ cell _____ other _____

Email: _____

Last Four Digits of Social Security Number: _____

Availability

When will you be available for employment? _____

Are you seeking: full-time work part-time work temporary work

Have you ever been employed by Land of Sky? yes no If yes, dates: _____

Are you related by blood or marriage to any person now employed by Land of Sky? yes no

If yes, name and relationship: _____

Can you perform the essential functions of the job with or without reasonable accommodations? yes no

Background

Have you been convicted of an offense against the law or forfeited a bond during the last (7) seven years? yes no

If yes, explain: _____

NOTE: A criminal record will not necessarily exclude you from employment. Such factors as age at time of offense, rehabilitation efforts, recency, and seriousness of the crime will be taken into account. You may omit traffic violations of which you paid a fine of \$60 or less.

Education

Check the box of highest grade completed: 1-5 6-8 9-12 GED College Graduate School

School	Name and Location	Years Attended	Graduate?	Degree/Diploma and Subject
High School		from	yes <input type="checkbox"/> no <input type="checkbox"/>	
	city state	to		
College or University		from	yes <input type="checkbox"/> no <input type="checkbox"/>	
	city state	to		
Graduate or Professional		from	yes <input type="checkbox"/> no <input type="checkbox"/>	
	city state	to		
Other Education, Internships, etc.		from	yes <input type="checkbox"/> no <input type="checkbox"/>	
	city state	to		

Describe honors, scholarships, fellowships, publications, relevant extracurricular work, and other educational information which will be helpful in evaluating your application.

List fields of work which you are licensed, registered, or certified, giving date(s) and source(s) of issuance.

List typing and shorthand skills, machines you can operate (including computer), and other skills in which you are proficient.

If the position applied for calls for specific courses, indicate courses and credits received.

Employment Record

Please answer completely all questions for each period of employment. Include military service and previous employment with Land of Sky Regional Council. Failure to give complete information may result in rejection of your application. Begin with your present to last position. If more space is needed, use the continuation page.

May Land of Sky contact your previous employers regarding your character, qualifications, etc? yes no

1. Employer:

Address: street city state zip

Supervisor: name phone

Job Title: Ending Salary: \$ per

Date Employed: month year Date Separated: month year

Full Time: Part Time: If part time, number of hours worked per week:

Reason for Leaving:

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

2. Employer:

Address: street city state zip

Supervisor: name phone

Job Title: Ending Salary: \$ per

Date Employed: month year Date Separated: month year

Full Time: Part Time: If part time, number of hours worked per week:

Reason for Leaving:

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

3. Employer:

Address: street city state zip

Supervisor: name phone

Job Title: Ending Salary: \$ per

Date Employed: month year Date Separated: month year

Full Time: Part Time: If part time, number of hours worked per week:

Reason for Leaving:

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

References

Please list persons who are not related to you who have knowledge of your qualifications for the position(s) for which you are applying such as former co-workers, teachers, etc. Do not repeat names of supervisors you will list under Employment Records

1. Name:

Title: Phone:

2. Name:

Title: Phone:

3. Name:

Title: Phone:

4. Name:

Title: Phone:

Please use this page for any additional comments from any of the previous questions. Be sure to reference which questions you are completing.

Certificate of Applicant

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. 14-122.1)

Signature of Applicant

Date

Selective Service Registration

Sections 3 of the Military Selective Service Act, effective October 1, 1989, requires that all male U.S. citizens and male aliens, except aliens lawfully admitted to the United States as non-immigrants on visas (e.g., students, tourists, and diplomatic and consular personnel and their families), residing in the United States and its territories who are 18 through 25 years of age must register with the Selective Service System and are required to do so within 30 days of their 18th birthday.

For applicants between the ages of 18 and 26 applying for employment with Land of Sky Regional Council, a local government agency receiving federal funds, please sign below indicating whether or not you have registered with the Selective Service.

Yes, I have registered. No, I have not registered with the Selective Service.

Signature

Equal Opportunity Information

Land of Sky Regional Council is an Equal Opportunity / Affirmative Action Employer. The Federal Government requires us to collect and be able to produce data pertaining to each applicant's sex and ethnic background. Please complete the following information. This information will be retained in the Employment Department and not forwarded to any employing department. In keeping with our status as an Equal Opportunity / Affirmative Action Employer, this information will not be used in making any decision affecting hiring or any personnel action following employment.

Date of Birth: month day year

Gender: male female

- Ethnic Group:
1. White (not Hispanic)
 2. Black (not Hispanic)
 3. Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race)
 4. Asian or Pacific Islanders
 5. American Indian (including Alaskan native)



MIND YOUR BUSINESS

Pre-Employment Background and EEO Investigation Services

AUTHORIZATION

I hereby authorize _____ to make an independent investigation of my background by obtaining a consumer report relating to me from **Mind Your Business, Inc. ("MYB")** I understand and agree that the information contained in any consumer report will be used to determine eligibility for employment and, if I am hired, my eligibility for continued employment, and that action may be taken by _____ based on this information.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to _____, by and through **MYB**, including but not limited to, any courthouse, any public agency, any and all law enforcement agencies and any and all credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources, **including alcohol and controlled substance information from previous employers.**

Full Name (Printed) _____
First Middle Last Maiden/Other

Signature _____ Date _____