



**PLEASE READ BEFORE COMPLETING APPLICATION:**

TO BE CONSIDERED FOR EMPLOYMENT WITH ROBESON COUNTY, YOU MUST ANSWER ALL QUESTIONS AND COMPLETE ALL SECTIONS OF THIS APPLICATION FORMS.

ROBESON COUNTY EMPLOYS ONLY U.S. CITIZENS OR ALIENS WHO CAN PROVIDE PROOF OF INDENTITY AND WORK AUTHORIZATION WITHIN 3 WORKING DAYS OF EMPLOYMENT.

**WHEN COMPLETING THIS APPLICATION, PLEASE MAKE SURE YOU:**

USE A BLACK INK PEN.

COMPLETE THE SECTION FOR EQUAL OPPORTUNITY INFORMATION.

GIVE COMPETE INFORMATION ON YOU EDUCATION/ WORK HISTORY ("SEE RESUME" IS NOT ACCEPTABLE, BUT ONE CAN BE ATTACHED). LIST SEPARATELY EACH JOB HELD AND YOUR DUTIES FOR EACH POSITION WHEN YOU WORKED FOR ONE EMPLOYER AND HELD MORE THAN ONE POSITION.

CHECK FOR ACCURACY SIGN AND DATE YOUR APPLICATION.

THANK YOU FOR YOUR INTEREST IN COUNTY EMPLOYMENT. ROBESON COUNTY WANTS TO FIND THE BEST QUALIFIED PEOPLE AVAILABLE TO SERVE ITS CITIZENS. ALTHOUGH EVERYONE WHO APPLIES CANNOT BE HIRED, YOUR APPLICATION WILL BE GIVEN EVERY CONSIDERATION.



**ROBESON COUNTY SHERIFF'S OFFICE**  
**COUNTY OF ROBESON APPLICATION FOR EMPLOYMENT**  
 AN EQUAL OPPORTUNITY EMPLOYER

120 LEGEND RD  
 LUMBERTON, NC 28358

SOCIAL SECURITY NUMBER		DATE OF APPLICATION		COUNTY
LAST NAME		FIRST NAME		MIDDLE NAME
ADDRESS(STREET NUMBER AND NAME)			CITY	
STATE	ZIP CODE	PHONE:(WHERE TO REACHED YOU)	BUSINESS PHONE:	

----- AVAILABILITY FOR WORK -----

HAVE YOU EVER WORKED FOR ROBESON COUNTY LOCAL GOVERNMENT BEFORE? ☐ YES ☐ NO  
 (IF YES, GIVE DATES AND JOB TITLE) FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
 JOB TITLE: \_\_\_\_\_ ☐ ☐

ARE YOU RELATED BY BLOOD OR MARRIAGE TO ANY PERSON NOW WORKING FOR US? YES ☐ NO ☐  
 (IF YES, GIVE NAME, RELATIONSHIP TO YOU AND AGENCY WHERE EMPLOYED).  
 \_\_\_\_\_  
 \_\_\_\_\_

CHECK THE TYPES OF WORK YOU ARE SEEKING: ☐ FULL-TIME ☐ PART-TIME  
☐ TEMPORARY FULL-TIME ☐ TEMPORARY PART-TIME ☐ WORK INVOLVING TRAVEL  
☐ OTHER \_\_\_\_\_

WHEN WILL YOU BE AVAILABLE FOR WORK, OR EARLIEST DATE YOU COULD WORK  
 (MONTH/DAY/YEAR). \_\_\_\_\_

----- JOBS APPLIED FOR -----

ENTER BELOW THE SPECIFIC TITLE(S) OF THE JOB(S) FOR WHICH YOU ARE APPLYING. PLEASE LIST NO MORE THAN THREE ON THIS APPLICATION. 1. \_\_\_\_\_  
 2. \_\_\_\_\_ 3. \_\_\_\_\_

----- ROBESON COUNTY EQUAL OPPORTUNITY INFORMATION -----

COUNTY PERSONNEL POLICY PROHIBITS DISCRIMINATION BASED IN RACE, SEX, COLOR, CREED, NATIONAL ORIGIN, AGE OR DISABILITY. 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.

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ CHECK ONE: SEX \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_  
 SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ M F S M  
 ETHNIC GROUP: ☐ AFRICAN AMERICAN ☐ ASIAN (MALE) (FEMALE) (SINGLE) (MARRIED)  
☐ AMERICAN INDIAN ☐ HISPANIC ☐ WHITE ☐ OTHER (SPECIFY) \_\_\_\_\_

----- REFERRAL SOURCE -----

CHECK YOUR REFERRAL SOURCE: ☐ JOBLINE ☐ NEWSPAPER \_\_\_\_\_  
☐ INQUIRING AT PERSONNEL OFFICE ☐ WORD OF MOUTH ☐ OTHER \_\_\_\_\_

WHAT COUNTY COMMISSIONER DISTRICT DO YOU RESIDE IN? \_\_\_\_\_  
 IF NOT KNOWN, PLEASE INQUIRE AT THE HUMAN RESOURCES OFFICE.  
 WHAT STREET OR ROAD DO YOU LIVE ON OR NEAR? \_\_\_\_\_

REFERENCES: LIST THREE PEOPLE WHO ARE NOT RELATED TO YOU AND WHO HAVE KNOWLEDGE OF YOUR QUALIFICATIONS FOR THE POSITION(S) FOR WHICH YOU ARE APPLYING, SUCH AS FORMER CO-WORKERS, SUPERVISORS, AND ECT. DO NOT REPEAT NAMES OF SUPERVISORS LISTED UNDER WORK HISTORY.

	NAME	BUSINESS/HOME ADDRESS	BUSINESS/HOME PHONE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

----- SKILLS -----

CHECK THE FOLLOWING SKILLS, EXPERIENCES, ECT. WHICH YOU HAVE: ☐ SING LAUGUAGE  
☐ LEGAL TRANSCRIPTION ☐ FOREIGN LANGUAGE (SPECIFY) \_\_\_\_\_  
☐ MEDICAL TRANSCRIPTION ☐ ADDING MACHINE/CALCULATOR ☐ SUPERVISORY  
☐ TYPING (SPECIFY WPM) \_\_\_\_\_ ☐ COMPUTER SKILLS (SPECIFY) \_\_\_\_\_  
☐ OTHER \_\_\_\_\_ ☐ DRIVER'S LICENSE \_\_\_\_\_  
☐ CAR FOR USE AT WORK \_\_\_\_\_ NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE AGAINST THE LAW OR FORFEITED A BOND? MEANS ANY COVICTION INCLUDING TRAFFIC VIOLATIONS (A CONVICTION DOES NOT MEAN YOU CAN'T BE HIRED.)  
☐ YES ☐ NO (IF YES EXPLAIN FULLY) \_\_\_\_\_  
 \_\_\_\_\_

EMPLOYER			ADDRESS		
JOB TITLE		SUPERVISOR'S NAME		TELEPHONE NUMBER	
DATE EMPLOYED(MO/YR): DATE SEPARATED (MO/YR):			STARTING SALARY \$ _____ PER	ENDING SALARY \$ _____ PER	REASON FOR LEAVING _____ MAY WE CONTACT EMPLOYER? YES / NO
FULL -TIME	YEAR	MONTH	LIST MAJOR DUTIES IN ORDER OF THEIR IMPORTANCE _____ _____ _____ _____		
PART-TIME	YEAR	MONTH			
IF PART-TIME,NUMBER OF HOURS WORKED PER WEEK			_____ _____ _____		
EMPLOYER			ADDRESS		
JOB TITLE		SUPERVISOR'S NAME		TELEPHONE NUMBER	
DATE EMPLOYED(MO/YR): DATE SEPARATED (MO/YR):			STARTING SALARY \$ _____ PER	ENDING SALARY \$ _____ PER	REASON FOR LEAVING _____ MAY WE CONTACT EMPLOYER? YES / NO
FULL -TIME	YEAR	MONTH	LIST MAJOR DUTIES IN ORDER OF THEIR IMPORTANCE _____ _____ _____ _____		
PART-TIME	YEAR	MONTH			
IF PART-TIME,NUMBER OF HOURS WORKED PER WEEK			_____ _____ _____		

## PERSONNAL ROSTER SHEET

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

MIDDLE NAME \_\_\_\_\_

PHYSICAL ADDRESS (NO NOT LIST P.O. BOX)

\_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME # \_\_\_\_\_ WORK # \_\_\_\_\_

MOBILE # \_\_\_\_\_ PAGER # \_\_\_\_\_

SSN # \_\_\_\_\_ RACE \_\_\_\_\_ SEX \_\_\_\_\_

DOB: \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_

\*\*\*\*\*

### EMERGENCY CONTACT :

NAME \_\_\_\_\_

RELATION TO YOU \_\_\_\_\_

PHONE # \_\_\_\_\_

ANY MEDICAL CONDITIONS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

BLOOD TYPE \_\_\_\_\_

(COPY FOR EMPLOYEE FILE)