

SOUTHWESTERN COMMISSION
APPLICATION FOR EMPLOYMENT

125 Bonnie Lane
Sylva, North Carolina 28779
Phone: 828-586-1962
Fax: 828-586-1968
www.regiona.org



General Information: The Southwestern Commission is a council of governments composed of city, town and county governments in the seven westernmost counties in North Carolina. The Commission 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. The Southwestern Commission is an Equal Opportunity/Affirmative Action Employer.

1. Position(s) applied for: _____ Date: _____

2. Name: _____
(Last) (First) (Middle)

3. Current Mailing Address: _____
(Street & No. or RFD) (City) (State) (Zip)

Permanent Physical Address: _____
(Street & No. or RFD) (City) (State) (Zip)

Telephone: Home: _____ Mobile: _____

Email: _____

4. When will you be available for employment? _____

5. Are you seeking: Full-time work Part-time work Temporary work

6. Have you ever been employed by the Southwestern Commission? Yes No

If "yes" give dates: From: _____ To: _____

7. May inquiry be made of your past employers regarding your character, qualifications, etc.? Yes No

8. Can you perform the essential functions of the job with or without reasonable accommodations? Yes No

9. Have you been convicted of an offense against the law or forfeited a bond during the last seven (7) years?

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.

10. Are you related by blood or marriage to any person now employed by Southwestern Commission? Yes No

If "yes", give name and relationship. _____

EDUCATION:

11. High School Name: _____ Location: _____

Date of Completion: _____

Did you graduate from high school or pass the High School Equivalency Test? Yes No

Education beyond high school	Name and Location	Attended		Select number of years completed	Credit hours	Did you graduate	Degree or Diploma and year received	Major subject
		From	To					
		Mo. Yr.	Mo. Yr.					
College Or University								
Graduate Or Professional								
Other Education, Internships, etc.								

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

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

14. List office machines you can operate (including computer), and other software proficiency skills in which you are experienced that relate to the job(s) you are applying for.

15. If the position for which you are applying calls for specific training / courses, indicate training / courses and credits received.

16. EMPLOYMENT RECORD:

Please answer completely all questions for each period of employment. Include military service and previous employment with Southwestern Commission. Failure to give complete information may result in rejection of your application. Begin with your present or last position. If more space is needed, use a continuation sheet.

A. Title of present or last position: _____

Starting salary: _____ Last salary: _____

Date Employed:	Name and Title of Supervisor:
Date Separated:	Employer:
Full-time: Years: Months:	Address:
Part-time: Years: Months:	Phone:
If part-time, number of hours per week:	Duties and responsibilities:
Reason for leaving:	

B. Title of next to last position: _____

Starting salary: _____ Last salary: _____

Date Employed:	Name and Title of Supervisor:
Date Separated:	Employer:
Full-time: Years: Months:	Address:
Part-time: Years: Months:	Phone:
If part-time, number of hours per week:	Duties and responsibilities:
Reason for leaving:	

C. Title of next position: _____

Starting salary: _____ Last salary: _____

Date Employed:	Name and Title of Supervisor:
Date Separated:	Employer:
Full-time: Years: Months:	Address:
Part-time: Years: Months:	Phone:
If part-time, number of hours per week:	Duties and responsibilities:
Reason for leaving:	

17. Military Service

Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training?

Do you wish to declare a service-connected disability?

At the time of this application, are you the surviving spouse or dependent of a deceased veteran who died from service-related reasons?

Do you wish to declare eligibility for veterans preference as the spouse of a disabled veteran?

Give dates of your (or spouse's) qualifying active military service:

Entered: _____ Separated: _____ Branch: _____ Rank _____

18. 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 in this application.

(a) Name: _____ Address: _____

Title: _____ Phone: _____

(b) Name: _____ Address: _____

Title: _____ Phone: _____

(c) Name: _____ Address: _____

Title: _____ Phone: _____

CERTIFICATE OF APPLICANT

I certify that the information given in this application is correct to the best of my knowledge. I also understand that falsification of any of the above information may be grounds for dismissal.

Applicant's Signature

Date

Note: A copy of your college transcript or current resume may be attached to this application.

EQUAL OPPORTUNITY INFORMATION

State Government 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 State 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

Check One

Month

Day

Year

SEX

M (male)

F (female)

ETHNIC GROUP

1. White (non-Hispanic)
2. Black (non-Hispanic)
3. Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race)
4. Asian (including Pacific Islander)
5. American Indian (including Alaskan native)

DISABILITY

"Disability means, with respect to an individual: (1) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (2) a record of such an impairment; or (3) being regarded as having such an impairment" (Americans with Disabilities Act of 1990). Persons without a disability should check item A.

The reporting of a **disability is strictly VOLUNTARY**. Persons with disabilities who **DO NOT WISH** to report their disabilities should check item A. Information reported on this form will be kept confidential as required by State law. Public disclosure of this information without your consent would be a violation of G.S.

- A. None/Prefer not to report
- B. Blind or severely visually impaired
- C. Deaf or severely hearing impaired
- D. Loss of limited use of arms and/or hands
- E. Non-ambulatory (must use wheelchair)
- F. Other orthopedic impairment (including amputation, arthritis, back injury, cerebral palsy, spina bifida, etc.)
- G. Respiratory impairment
- H. Nervous system/Neurological disorder
- I. Mentally restored
- J. Mental retardation
- K. Learning disability
- L. Others (heart disease, diabetes, speech impairment)
- M. Other (please specify) _____