APPLICATION FOR EMPLOYMENT
NORTH CAROLINA GENERAL ASSEMBLY

STATE LEGISLATIVE BUILDING
16 W Jones Street
Raleigh, NC 27601

Date of Application

Last Name	**First Name**	**Middle Name**

Address (Street number and name)	**City**	**County**

State	**Zip Code**	**Primary Phone**	**Work Phone**

Email Address

ELIGIBILITY

☐ Yes ☐ No Do you currently work for the State of NC?

☐ Yes ☐ No Are you related by blood or marriage to any candidate for or member/legislator of the NC General Assembly?

Name and Relationship: _____

☐ Yes ☐ No Are you related by blood or marriage to any person now working for the State?

Name and Relationship: _____

If subject to Military Selective Service registration, certify compliance by initialing: _____

MILITARY SERVICE

☐ Yes ☐ No Have you (or your spouse) served honorably in the Armed Forces of the United States on active duty for reasons other than training?

Dates, branch, and rank of your (or spouse's) qualifying active military service:

Entered: _____ Separated: _____ Branch: _____ Rank: _____

☐ Yes ☐ No Are you a member of the Military Reserves? Branch: _____ Rank: _____

☐ Yes ☐ No Do you have a service-connected disability?

☐ Yes ☐ No Are you currently the spouse of a disabled veteran?

☐ Yes ☐ No Are you currently the spouse or dependent of a deceased veteran who died from service-related reasons?

POSITION

Job Title: _____ **Vacancy Number:** _____

Type of work you will accept: ☐ Permanent ☐ Temporary ☐ Intern

If you are not available for work now, enter the earliest date you could begin work: _____

Referral Source – How did you find out about this position? _____

Retired from the following:

☐ Teachers' and State Employees' Retirement System (TSERS) ☐ Consolidated Judicial Retirement System (CJRS)

☐ Local Government Employees' Retirement System (LGERS) ☐ Legislative Retirement System (LRS)

NCGA USE ONLY

Degrees and Professional Credentials:

☐ Have been verified

☐ Will be verified with 90 days (G.S. 126-30)

Person Responsible: _____

Name: _____

EDUCATION Highest grade level completed?				
High School	Name: Location:	From:	To:	Graduated: ☐ Yes ☐ No
College/University	Name: Location:	From:	To:	Graduated: ☐ Yes ☐ No
Degree Type:		Major/Minor:		S/Q Hours:
Graduate/Professional	Name: Location:	From:	To:	Graduated: ☐ Yes ☐ No
Degree Type:		Major/Minor:		S/Q Hours:
Other	Name: Location:	From:	To:	Graduated: ☐ Yes ☐ No
Degree Type:		Major/Minor:		S/Q Hours:
Other	Name: Location:	From:	To:	Graduated: ☐ Yes ☐ No
Degree Type:		Major/Minor:		S/Q Hours:

PROFESSIONAL SKILLS/INFO

If the job applied for calls for specific courses, enter those courses taken and credits received:

Membership in professional, honorary, or technical societies:

Current professional status (Fields of work for which you have been registered):

Registration:	**State:**	**Number:**
Registration:	**State:**	**Number:**

Other licenses and certifications (provide dates and sources of issuance):

Driver's License	**State:**	**Number:**

Have you ever been convicted of an offense against the law other than a minor traffic violation? ☐ Yes ☐ No
If yes, please explain fully on an additional sheet of paper. *(A conviction does not mean you are ineligible for employment. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.)*

WORK HISTORY From most recent (include volunteer experience):

Have you ever worked for the North Carolina General Assembly? ☐ Yes ☐ No

Employer		**Address**		
Job Title		**Supervisor**	**Phone**	**# Supervised by you**
Date Range Start: End:	**Starting Salary** per	**Ending Salary** per	**Full Time** Years: Months:	**Part Time** Years: Months:
Duties:				
Reason for leaving				**Contact Permission?** ☐ Yes ☐ No

Name: _____

Employer		Address		
Job Title		**Supervisor**	**Phone**	**# Supervised by you**
Date Range Start: End:	**Starting Salary** per	**Ending Salary** per	**Full Time** Years: Months:	**Part Time** Years: Months:
Duties:				
Reason for leaving				**Contact Permission?** ☐ Yes ☐ No

Employer		Address		
Job Title		**Supervisor**	**Phone**	**# Supervised by you**
Date Range Start: End:	**Starting Salary** per	**Ending Salary** per	**Full Time** Years: Months:	**Part Time** Years: Months:
Duties:				
Reason for leaving				**Contact Permission?** ☐ Yes ☐ No

Employer		Address		
Job Title		**Supervisor**	**Phone**	**# Supervised by you**
Date Range Start: End:	**Starting Salary** per	**Ending Salary** per	**Full Time** Years: Months:	**Part Time** Years: Months:
Duties:				
Reason for leaving				**Contact Permission?** ☐ Yes ☐ No

1. 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, false documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal 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.)
2. I understand that General Assembly employees are not subject to the State Human Resources Act. General Assembly employees serve “at the pleasure” of the Legislative Services Commission. This means that employment may be terminated with or without cause and/or advance notice by either the employer or the employee. However, termination by the employer may not occur due to discrimination prohibited by law.
3. I understand the General Assembly participates in E-Verify, an internet-based system operated by the US Department of Homeland Security (DHS) in partnership with Social Security Administration (SSA) to verify employment eligibility of newly hired employees. Applicants are urged to review information on the USCIS.gov website for E-Verify and Right to Work information.

_____ Signature of Applicant

_____ Date