



Return completed application to the  
Yadkin County Manager's Office at:

PO Box 220  
Yadkinville, NC 27055

217 East Willow Street  
Yadkinville, NC 27055

Or you can email to:  
HR@yadkincountync.gov

## Applicant Information

Last Name			
First Name			
Middle Initial		Social Security Number	
Street Address			
City		State	Zip Code
Mailing Address			
City		State	Zip Code
Telephone		Email Address	

Are you eligible to work in the United States? Yes  No

Have you ever served in a branch of the United States armed forces? Yes  No

If yes, veteran status: \_\_\_\_\_

Have you ever been convicted of a crime? Yes  No

If yes, explain: \_\_\_\_\_

List any relative currently working for Yadkin County: \_\_\_\_\_

Position(s) applying for: \_\_\_\_\_

**Certifications** Certifications relative to the position for which you are applying. List Type, Area, Level, Certification Number, Effective/Expiration Dates, and attach a copy.

Type		Type	
Area		Area	
Level		Level	
Number		Number	
Effective Date		Effective Date	
Expiration Date		Expiration Date	
Type		Type	
Area		Area	
Level		Level	
Number		Number	
Effective Date		Effective Date	
Expiration Date		Expiration Date	

**Education Information      Attach a copy of Transcript, Diploma, and/or Degree**

High School	State	
	City of School	
	Name of High School	
	Educational Degree	
	Graduation Date	
Community College or Technical School	State	
	City of School	
	Name of School	
	Educational Degree	
	Educational Subject Area	
Community College or Technical School	State	
	City of School	
	Name of School	
	Educational Degree	
	Educational Subject Area	
College	State	
	City of School	
	Name of School	
	Educational Degree	
	Educational Subject Area	
College	State	
	City of School	
	Name of School	
	Educational Degree	
	Educational Subject Area	
College	State	
	City of School	
	Name of School	
	Educational Degree	
	Graduation Date	

**Employment Information**

Current Employer	Business Name				
	Telephone				
	Street Address				
	City		State		Zip Code
May we contact?					
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Supervisor Name			
Supervisor Email					
Job Title					

## Employment Information (continued)

Current Employer  
(continued)

Start Date		End Date	
Salary			
Leave Reason			
Responsibilities			

Previous Employer

Business Name			
Telephone			
Street Address			
City	State	Zip Code	
Supervisor Name			
Supervisor Email			
Job Title			
Start Date		End Date	
Salary			
Leave Reason			
Responsibilities			

Previous Employer

Business Name			
Telephone			
Street Address			
City	State	Zip Code	
Supervisor Name			
Supervisor Email			
Job Title			
Start Date		End Date	
Salary			
Leave Reason			
Responsibilities			

## Other Information

Reference

Name			
Position			
Company			
Telephone			
Email			
Street Address			
City	State	Zip Code	

## Other Information (continued)

Reference	Name				
	Position				
	Company				
	Telephone				
	Email				
	Street Address				
City	State			Zip Code	
Reference	Name				
	Position				
	Company				
	Telephone				
	Email				
	Street Address				
City	State			Zip Code	

I certify that my answers are true and complete to the best of my knowledge and that intentional misrepresentations or omissions may be cause for the rejection of my application and that if hired I may be released from employment.

I understand that the County may require me to successfully complete a pre-employment drug and alcohol test as a condition of employment and that continued employment may be based on the successful completion of similar tests.

I understand that the County may as part of the hiring process request an investigative consumer report from a third party entity or agency including information concerning my character, general reputation, personal characteristics, credit records, and mode of living. I may make a written request to the County to provide me with additional information regarding the nature and scope of any such report.

I understand that employment with the County is "at will" and nothing in the interview or hiring process, this application, or County policies is intended to create an employment contract between myself and the County. Employment may be terminated by either party at any time for any reason with or without notice.

I understand that Yadkin County is an E-Verify participant.

I hereby agree to the disclaimers above.

Yes

No

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit any documentation (resume, cover letter, etc.) you would like for us to consider along with this Application for Employment.**