



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

Application for Employment

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	
Graduation Date	

Community College or
Technical School

State	
City of School	
Name of School	
Educational Degree	
Educational Subject Area	
Graduation Date	

College

State	
City of School	
Name of School	
Educational Degree	
Educational Subject Area	
Graduation Date	

College

State	
City of School	
Name of School	
Educational Degree	
Educational Subject Area	
Graduation Date	

Employment Information

Current Employer

May we contact?

Yes ☐ No ☐

Business Name					
Telephone					
Street Address					
City		State		Zip Code	
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.