

APPLICATION FOR EMPLOYMENT

Columbus County Sheriff's Office
 P.O. Box 280
 Whiteville, NC 28472

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion or national origin.

(If more space is needed use the reverse side of this form or an attached page)

PERSONAL INFORMATION	DL#	DATE:	SSN#:
Name: _____			
Last	First	Middle	
Present Address: _____			
Street	City	State	Zip + four
Permanent Address: _____			
Street	City	State	Zip + four
(____) _____	_____	_____	_____
A.C.	Phone No.	Date of Birth	Race Sex Height Weight
Relative (s) presently employed by this organization: _____			
EMPLOYMENT DESIRED: _____ \$_____			
Position		Date You Can Start	Salary
Are you employed now? _____ If so, may we inquire of your present employer? _____			
Have you ever applied to this Organization for employment before? _____ When? _____			
At the present time are you currently experiencing any personal, financial and/or medicals conditions that we need to be aware of?			
PREVIOUS ARRESTS Have you ever been charged with and/or arrested for any crime? Yes ___ No ___			
If so, give details: _____			
Any person who does not maintain employment with the CCSO for 12 months will be required to reimburse the department for clothing and hardware.			
EDUCATION	Name and location of School	Last Year Completed	Did you Graduate
Grammar School	_____		() Yes () No
High School	_____	1 2 3 4	() Yes () No
College	_____	1 2 3 4	() Yes () No
Trade Schools, Etc.	_____	1 2 3 4	() Yes () No
Subjects of special study: _____			

Foreign Languages you speak fluently:		Read	Write
Non-Religious Activities (Civic, Athletic, Etc.)			
<u>PREVIOUS EMPLOYMENT</u>	(List present or most recent first)		
Dates of Employment	Name and Address of Employer	Salary	Position
From:			Reason For Leaving
To:			
From:			
To:			
From:			
To:			
<u>REFERENCES</u>	List three persons not related to you, whom you have known for at least one year.		
Name	Address	Business	Phone #
			Years Known

I hereby certify that each and every statement made on this form is true and complete. I understand that any omission or misstatements of information may subject me to disqualification or dismissal. I authorize investigation of all statements contained in this application. I understand and agree that my employment is for no definite period and may, regardless of the date of pay of my wages and salary, be terminated at any time without any notice.

Signature: _____ **Date:** _____