



TRIANGLE J COUNCIL OF GOVERNMENTS EMPLOYMENT APPLICATION

An Equal Opportunity/Affirmative Action Employer

Applications should be mailed or delivered to 4307 Emperor Boulevard, Suite 110, Durham, NC 27703.
This information is also located on our web site at www.tjcog.org

Fill out all sections **COMPLETELY** and to the best of your ability. Your application will be used as part of the examination process and, therefore, should represent your best effort. **Unsigned, or incomplete applications will not be considered.** Once submitted, application materials become the property of TJCOG. An application must be received by 5 p.m. on the closing date posted to ensure consideration. TJCOG does **not** accept FAXED applications. Photocopied applications must have an original signature and current date. If a position is posted as "may close without notice," **APPLY IMMEDIATELY.**

CURRENT INFORMATION

(1) POSITION TITLE: _____ DATE: _____

How did you learn about this vacancy? _____

(2) When will you be available for employment? (i.e. immediately, 2 weeks notice) _____

(3) Are you seeking Permanent Full-time Permanent Part-time Temporary Full-time Temporary Part-time

(4) NAME: _____
(Last) (First) (Middle)

(5) ADDRESS: _____
Street & No. or P.O. Box City State Zip

(6) HOME TELEPHONE # _____ BUSINESS TELEPHONE # _____

E-MAIL ADDRESS (if applicable) _____

(7) Are you 18 or older? Yes No If NO, what is your birth date? _____

GENERAL INFORMATION

If you need to explain any answer, use the space under EXPLANATIONS near the end of this application.

(8) Have you ever been employed with the Triangle J Council of Governments? Yes No
If YES, what department and when: _____

(9) Have you applied to the Triangle J Council of Governments before? Yes No
If YES, indicate what position and when: _____

(10) Are you now or were you previously related in any way to a TJCOG employee? Yes No
If YES, give name, relationship and department: _____

(11) Are you able to perform all of the duties of the job you have applied for? Yes No

(12) Have you ever been convicted of a felony? Yes No
If YES, please explain under EXPLANATIONS.

NOTE: A conviction record will not necessarily exclude you from employment. Factors such as age at time of offense, rehabilitation efforts, length of time since the offense, and nature of the crime will be taken into consideration.

(13) Are you an American citizen or do you currently have authorization to work in the U.S.? Yes No

(14) Did you receive any of your education or employment experience under another name? Yes No
If YES, please explain under EXPLANATIONS.

EDUCATION

Provide your complete history

(15) Indicate highest school year completed: _____

(16) Name of High School _____ City _____ State _____

(17) Have you received a high school diploma or equivalent? Yes No

Education Beyond High School	Name and Location	Attended from		Did you Graduate?	Credit Hours	Degree, Diploma, Certificate Earned or # of Yrs. Completed	Major Minor
		Mo./Yr.	to Mo./Yr.				
College(s) University(ies)				Yes			
				No			
Graduate or Professional schools				Yes			
				No			
Technical Institutes, Internships, Other				Yes			
				No			

KNOWLEDGE, SKILLS & ABILITIES

(18) Please list any knowledge, skills, or abilities you have that you feel are applicable to the position for which you are applying. Include skills with equipment or machines you can operate. If you wish consideration for a secretarial/clerical position, indicate typing speed and word processing software packages known and/or used.

(a) _____ (e) _____
 (b) _____ (f) _____
 (c) _____ (g) _____
 (d) _____ (h) _____

REGISTRATIONS, LICENSES, CERTIFICATIONS

(19) List fields of work for which you have been registered, licensed or certified:

Registration: _____ State: _____ No: _____ Exp. Date: _____

Registration: _____ State: _____ No: _____ Exp. Date: _____

Other: _____

(20) Please list your **VALID DRIVER'S LICENSE NUMBER** and the state in which it was issued. If you do not have a driver's license, please put "NONE" in the blank.

Number: _____ State: _____

EMPLOYMENT

Record your complete work history in the spaces below. If needed, additional sheets containing the same information and in the same format are acceptable. BEGIN with your current or most recent position. Include military and related volunteer experience. Be sure to account for gaps in your employment history. **ALL SPACES MUST BE COMPLETED OR MARKED N/A (not applicable).** "See attached resume" is NOT acceptable in the duties space.

A. CURRENT OR MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE _____ Starting Salary _____ Last Salary _____
Date employed _____ Date Separated _____
Employer or company _____ Telephone # (____) _____
Employer or company address _____
Name and Title of most current supervisor _____
Full-time for: Years ___ Months ___ Part-time for: Years ___ Months ___ # of employees supervised by you _____
If you worked part-time, the number of hours worked per week _____
DUTIES IN ORDER OF IMPORTANCE _____

REASON FOR LEAVING or desiring a change _____

B. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE _____ Starting Salary _____ Last Salary _____
Date employed _____ Date Separated _____
Employer or company _____ Telephone # (____) _____
Employer or company address _____
Name and Title of most current supervisor _____
Full-time for: Years ___ Months ___ Part-time for: Years ___ Months ___ # of employees supervised by you _____
If you worked part-time, the number of hours worked per week _____
DUTIES IN ORDER OF IMPORTANCE _____

REASON FOR LEAVING or desiring a change _____

C. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE _____ Starting Salary _____ Last Salary _____
Date employed _____ Date Separated _____
Employer or company _____ Telephone # (____) _____
Employer or company address _____
Name and Title of most current supervisor _____
Full-time for: Years ___ Months ___ Part-time for: Years ___ Months ___ # of employees supervised by you _____
If you worked part-time, the number of hours worked per week _____
DUTIES IN ORDER OF IMPORTANCE _____

REASON FOR LEAVING or desiring a change _____

D. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE _____ Starting Salary _____ Last Salary _____
Date employed _____ Date Separated _____
Employer or company _____ Telephone # (____) _____
Employer or company address _____
Name and Title of most current supervisor _____
Full-time for: Years ___ Months ___ Part-time for: Years ___ Months ___ # of employees supervised by you _____
If you worked part-time, the number of hours worked per week _____
DUTIES IN ORDER OF IMPORTANCE _____

REASON FOR LEAVING or desiring a change _____

E. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE _____ Starting Salary _____ Last Salary _____
Date employed _____ Date Separated _____
Employer or company _____ Telephone # (____) _____
Employer or company address _____
Name and Title of most current supervisor _____
Full-time for: Years ____ Months ____ Part-time for: Years ____ Months ____ # of employees supervised by you _____
If you worked part-time, the number of hours worked per week _____
DUTIES IN ORDER OF IMPORTANCE _____

REASON FOR LEAVING or desiring a change _____

F. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE _____ Starting Salary _____ Last Salary _____
Date employed _____ Date Separated _____
Employer or company _____ Telephone # (____) _____
Employer or company address _____
Name and Title of most current supervisor _____
Full-time for: Years ____ Months ____ Part-time for: Years ____ Months ____ # of employees supervised by you _____
If you worked part-time, the number of hours worked per week _____
DUTIES IN ORDER OF IMPORTANCE _____

REASON FOR LEAVING or desiring a change _____

(21) Have you had disciplinary action taken against you in the past 12 months? If YES, explain under EXPLANATIONS. (A YES will not automatically disqualify you.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(22) a) Have you ever been dismissed or forced to resign from any job held? b) Were you dismissed or forced to resign for disciplinary reasons? If YES to "a" or "b", explain under EXPLANATIONS. (A YES will not automatically disqualify you.)	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
(23) May we contact your present employer for reference prior to an interview (if granted)? If you are not currently employed, please check here <input type="checkbox"/> . If NO, explain under EXPLANATIONS.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

EXPLANATIONS

ITEM # _____
ITEM # _____
ITEM # _____
ITEM # _____

Certification and Release (MUST BE SIGNED AND DATED BELOW)

- To the best of my knowledge and belief, the information given truly represents my background and experience. I understand that if I have knowingly or negligently misrepresented, falsified or omitted any information during the application process, or have made any changes to the format or wording of this application form, I may be disqualified for employment consideration or dismissed from employment with TJCOG.
- I authorize my current and former employers to give any information regarding me or my employment, whether or not it is on their records. I hereby release them from any damage whatsoever for issuing same.
- I also authorize educational institutions which I attended to reveal my scholastic ratings, as well as degrees or certificates earned, to TJCOG; I also authorize associations, registration and licensing boards and others to furnish whatever detail is available concerning my qualifications. Notwithstanding any provision of State or Federal law, I expressly waive any right I have to review information TJCOG receives from an employer or educational institution under a promise of confidentiality.
- I also permit TJCOG to conduct a Police, Court, Credit and/or Motor Vehicle Records Investigation of my background.
- I understand that if I apply or have applied for certain jobs, I may be tested for drug and alcohol use to determine if I am currently abusing these substances. I consent to the testing and understand that the results could preclude my appointment.
- I understand and acknowledge that should I be employed by the Triangle J Council of Governments, then I serve "at will". This means that I may be terminated at any time with or without cause. I further understand that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically approved by the Board of Delegates.

SIGNATURE: _____ **DATE:** _____