

Halifax County Employment Information



Halifax County Department of Human Resources

We welcome and appreciate your interest in employment with Halifax County Government. Outlined below is information describing the County's employment process.

1. Equal Employment Opportunity

The policy of Halifax County is to foster, maintain and promote equal employment opportunity. The County prohibits discrimination in employment on the basis of race, color, national origin, religion, creed, gender, age, disability, political affiliation and veteran status as provided by law.

2. Job Opening Information

A listing of current job openings is available by telephoning our 24-hour Job Information Recording. Dial (252) 593-5043. This information is updated regularly as positions become available. If you are interested in a position in the Halifax County Sheriff's department, contact that office directly at (252) 583-8201.

Halifax County only accepts applications for specific open positions. If no opening is available in your area of interest, you may complete an "Unsolicited File Placement Form," which will allow us to notify you if/when a position in your area of interest becomes available.

3. Employment Application

Our employment application is designed to assist the hiring department in evaluating your qualifications for the position for which you are applying. Please read the position announcement carefully to be sure your background meets the requirements of the position. On your application, show your specific qualifications which relate to the position. Use the application

continuation sheet to provide any additional information necessary for your application to be complete to gain full consideration.

If you wish to apply for more than one position, please submit a separate application for each position. A copy of your application is acceptable as long as it shows the specific position title and posting number and also has an original signature with recent signature date. A resume may not be submitted in lieu of a completed application, but may be included to supplement the application.

The employment application and all related information requested must be received in Halifax County Department of Human Resources no later than 5:00 p.m. on the closing date for the opening in order for you to be considered as a candidate for the opening. *Postmarks will not be accepted.* Submitting application and supporting materials is the sole responsibility of the applicant. Late, incomplete or illegible applications cannot be considered.

Please make copies of your materials; applications and supplemental materials submitted become the property of Halifax County and will not be returned.

4. Application Consideration

The application review process begins after the closing date. A review is conducted on each application with care and attention to identify the candidates whose qualifications, based on the application, most closely

(over)

match the position requirements. From this group, the We have a very thorough application review process, designed to assure careful and fair consideration of each candidate. Simply fulfilling the minimum qualifications for a position does not assure an interview.

The employment process normally requires up to six (6) weeks from the position closing date; applicants being offered interviews will be contacted during this period. We appreciate your patience in this process.

Halifax County reserves the right to re-advertise positions or to delay/cancel the filling of a position.

If you need special assistance in any way in the employment process, please let us know.

5. Application Tips

Facsimiles of applications are accepted, but not recommended due to the resulting poor quality of some copies, especially faxes from colored paper. When faxing, we suggest you call to confirm that we received your materials and also bring/mail a copy of your submission to ensure we have the clearest copy available. Halifax County cannot be responsible for faxed copies that are illegible or not received.

Applications and accompanying forms should be typed or printed legibly.

hiring department conducts interviews for the position.

Important: There are occasionally similar or same positions open in different departments with the same recruitment period. Be sure to complete the “Position Desired” and “Posting Number” areas on the front of the application to ensure you are considered for the correct position. If there is conflicting information, the “Posting Number” will be the source for your application consideration. If no “Posting Number” is listed, your application will not be considered.

6. Pay and Benefits

The County offers a competitive salary and benefits package. Health and dental insurance benefits cover full-time employees; coverage for spouse and dependent family members is available at an additional cost. Employee benefits include: Vacation and Sick Leave, 11 to 12 Paid Holidays per Year, North Carolina Local Government Employee’s Retirement, Life Insurance, Disability Insurance, Longevity Pay, Performance Pay, 401(k) Plan, Flexible Hours, Employee Assistance Program, Payroll Direct Deposit, Promotional Opportunities and various group purchase discounts.

Please keep this “Employment Information” handout for your reference about the employment process in Halifax County Government - it does not need to be returned with your application.

Questions?

Contact: Halifax County Human Resources Department
(Historic Courthouse – 10 North King Street)
Post Office Box 646
Halifax, North Carolina 27839-0646

Telephone: (252) 583-1688

Facsimile: 252.583.1788



Halifax County

"Where the Spirit of Independence was Born"

**APPLICATION
FOR
EMPLOYMENT**

Halifax County Human Resources Department
Post Office Box 646
Halifax, North Carolina 27839-0646
(252) 583-1688

Position Desired:	Posting Number:	Application Date:
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Applications are only accepted for positions which are currently open for recruitment. Application copies can be submitted, but must contain accurate "position desired & posting number" information as well as an original signature and recent signature date. Resumes will not be accepted in lieu of completed applications, but may be included for supplemental information. It is the responsibility of applicant to ensure application submissions are complete; some positions require submission of additional material, please review the position announcement and application requirements to ensure your application packet is complete. Applications received incomplete or after the closing will not be considered. Applications are accepted Monday - Friday, 8:30 a.m. - 5:00 p.m. in the Halifax County Human Resources Department and are due by 5:00 p.m. on the closing date - postmarks will not be accepted. Applications, including any supplemental materials, submitted will become the property of the County and will not be returned.

Last Name		First Name		Middle Initial
Address: Number Street		City	State	Zip Code
Day Telephone	Evening Telephone		Social Security Number — —	

Are you related by blood or marriage to any person presently working for Halifax County Local Government? Yes No
(If yes, give name, relationship to you and the department where employed)

Have you ever worked for Halifax County Local Government? Yes No

(If yes, when and what position) _____

How much, if any, advance notice do you require prior to a start date? _____

Have you ever been convicted of an offense against the law other than a minor traffic violation (omit traffic violations with fines of less than \$100) under the name you used on this application or any other name? Yes No
(note: A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the position for which you are applying) If you answered "yes," please explain fully on an additional sheet and include with your application.

Have you worked under any other name? Yes No

(If yes, please list) _____

- Check all types of work you will accept:
- Regular Full-Time
 - Regular Part-Time
 - Shift Work
 - Temporary Full-Time
 - Temporary Part-Time
 - Work Involving Travel

Have you ever been dismissed or forced to resign from any position? Yes No

(If yes, please give circumstances and details) _____

Halifax County Government is an Equal Opportunity Employer

Education

Circle highest level completed:

1 2 3 4 5 6 7 8 9 10 11 12 GED

College: 1 2 3 4 5

Graduate School: 1 2 3 4

School	Location	Attended (mo/yr)		Grad?	Semester/ Quarter Hours	Degree or Diploma	Major	Minor
		from	to					
High School or GED				yes				
				no				
College or University				yes				
				no				
Graduate or Professional School				yes				
				no				
Vocational or Technical School				yes				
				no				

Describe/List specific courses, workshops, specialized training, apprenticeships or rotations you have had that are related to the position for which you are applying.

Skills

Check the following skills, experiences, etc., which you have; include specifics in appropriate lines.

- | | |
|--|---|
| <input type="checkbox"/> Driver's License # _____ | <input type="checkbox"/> Word Processing _____ |
| <input type="checkbox"/> Commercial Driver's License | <input type="checkbox"/> Spreadsheets _____ |
| <input type="checkbox"/> Car for use at work | <input type="checkbox"/> Computer Hardware _____ |
| <input type="checkbox"/> Sign Language | <input type="checkbox"/> Computer Software _____ |
| <input type="checkbox"/> Transcription | <input type="checkbox"/> Desktop Publishing/Graphics _____ |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Database Design _____ |
| <input type="checkbox"/> Typing _____ w.p.m. | <input type="checkbox"/> Calculator/Adding Machine (10-key) |
| <input type="checkbox"/> Other: _____ | |

List field of work for which you have been registered, licensed or certified:

Registration: _____ State: _____ Number: _____ Expiration Date: _____

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List memberships in professional, honorary or technical societies:

Describe any job-related training received in the United States military.

Employment History

Using a separate section for each position, describe in detail all work experience beginning with your present or most recent job and continuing in reverse order. Include periods of unemployment, self-employment, military service, internships and volunteer/summer work. Use the "Halifax County Application Continuation Sheet" if additional sections are necessary. Be sure to indicate whether employment was full-time or part-time; if part-time, state the **average** number of hours worked per week.

If presently employed, may we contact your present employer? _____ yes _____ no

Employer:	Type of Organization:	Address:	Phone Number:
Job Title:	Name & Title of Supervisor:		# Supervised by You:
Date Employed: (mo/yr)	Starting Salary: \$ _____ per	Ending Salary: \$ _____ per	Reason for Leaving: <i>(if applicable)</i>
Date Separated: (mo/yr) <i>(if applicable)</i>	Job Duties: (be specific, list in order of importance)		
<input type="checkbox"/> Full-time # Years _____ # Months _____			
<input type="checkbox"/> Part-time* # Years _____ # Months _____			
*If part-time, number of hours per week: _____			

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Job Title:	Name & Title of Supervisor:		# Supervised by You:
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<input type="checkbox"/> Part-time* # Years _____ # Months _____			
*If part-time, number of hours per week: _____			

Confidential Applicant Data Sheet

For Equal Employment Opportunity Purposes Only

Halifax County is an equal opportunity employer. As part of the County's Equal Opportunity Program, the federal government requires us to compile summary data about applicants. This Confidential Applicant Data Sheet is intended to help collect this information.

All responses are completely voluntary and will be used for statistical analysis only. This sheet will be removed by HR and will not remain with your application. Refusal to respond will not result in adverse treatment of any applicant.

Please complete the following:

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____ Gender: Female Male

Title of position for which you are applying: _____

Department: _____ Posting Number: _____

Referral Source:

Walk-In	Employment Security Commission	Newspaper: _____
Relative	Job Information Line	Publication: _____
Friend	County Employee	Other: _____
Mail List		

Ethnic Background	Veteran	Disability
<ol style="list-style-type: none"> 1. White (non Hispanic origin) 2. Black/African American (non Hispanic origin) 3. (Native) American Indian or Alaskan Native 4. Hispanic (Mexican, Puerto Rican, Cuban, Central/South American, Latino, regardless of race) 5. Asian or Pacific Islanders 6. Other or Multi-Ethnic/Racial 	<p>V. Vietnam Era Veteran - "a person (1) who served on active duty between 9/5/64 and 5/7/75 for a period of more than 180 days, and any part of which occurred during the Vietnam era, and was discharged or released therefrom with other than a dishonorable discharge, or (ii) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed during the Vietnam era, and (2) who was so discharged or released within 48 months preceding his application for employment covered under the Act."</p> <p>D. Disabled Veteran - "a person entitled to disability compensation under laws administered by the Veterans Administration for a disability rated at 30 percent or more, or rated at 10 to 20 percent in the case of a veteran who has been determined to have a serious employment handicap (section 1506 of Title 38) or a person who was discharged from active duty because of a service-connected disability."</p> <p>B. Disabled Vietnam Era Veteran - Both of the above.</p>	<p><i>Note: Reporting any disability is voluntary.</i></p> <p>Any person who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a record of such impairment, or (3) is regarded as having such an impairment.</p> <p>None/Prefer not to report Blind or severely visually impaired Deaf or severely hearing impaired Loss or limited use of arms and/or hands Non-ambulatory (must use wheelchair) Semi-ambulatory (limited mobility, but wheelchair not needed) Respiratory impairment Nervous System/neurological disorder Mental illness/emotional disturbance Learning disability Other(specify):</p>
<p style="text-align: center;">Citizenship</p> <p>R. Resident Foreign National (an alien who has been admitted for permanent residence - must have Alien Registration Receipt Card, form I-551)</p> <p>N. Non-Resident Foreign National (an alien admitted temporarily for specific purposes and periods of time)</p> <p>C. United States Citizen</p>		

Are you required to register with the Selective Service? Yes No If yes, are you registered? Yes No...
please explain: _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Employment History

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<input type="checkbox"/> Full-time # Years _____ # Months _____			
<input type="checkbox"/> Part-time* # Years _____ # Months _____ *If part-time, number of hours per week: _____			

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