## MID-EAST COMMISSION EMPLOYMENT APPLICATION

An Equal Opportunity/Affirmative Action Employer

Applications may also be mailed or hand delivered to:
 Mid-East Commission
 1502 North Market Street, Suite A
 Washington, NC 27889

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 the Mid-East Commission (MEC). An application must be received by 5 pm on the closing date posted to ensure consideration. The MEC 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.

APPLICANT INFORMATION

(1) POSITION TITLE/VACANCY#					DATE		
(2) When would you be available to begin employment? (i.e. immediately, 2 weeks' notice)							
(3) Are you see	king: □Full-	Time Regular	□Part-Time Regu	lar	□Temp/Prefer Reg	ular 🗆	Temporary Only
(4) NAME:	(Last)			(First)			(Middle)
(5) ADDRESS:	Street & No. or	P.O. Box	City		St	tate	Zip
(6) HOME PHO	ONE #: ( )						
•	or older? □Yes what is your birth						
GENERAL INFORMATION If you need to explain any answer, use the space under EXPLANATIONS near the end of this application.							
(8) Apart from absences for religious observances, check conditions that you are willing to accept.							
Occasional: Regular: Frequent:	☐ night work ☐ night work ☐ night work	☐ weekend wo	rk 🗆 overtii	me	☐ rotating shifts ☐ rotating shifts ☐ rotating shifts		] on-call ] on-call ] on-call
(9) Have you ever been employed with Mid-East Commission? □Yes □No  If YES, indicate what department and when: □							
(10) Have you applied to Mid-East Commission before?   If YES, indicate what position and when:							
(11) Are you willing to accept a salary within the advertised normal starting salary range?  □Yes □No							
(12) Are you now or were you previously related in any way to a MEC employee?   Yes   No  If YES, give name, relationship and department:							

(13) Are you abl	le to perform all of the duties	s of the job	you have	e applied for	·	
If YES, NOTE:	ver been convicted of a felor please explain under EXPL. A conviction record will no itation efforts, length of time	ANATION t necessar	NS. ily excludo		nployment. Factors such	0 00
(15) Are you a U □Yes	Jnited States citizen, or, do y □No	ou curren	tly have au	uthorization	to work in the U.S.?	
· · · · · · · · · · · · · · · · · · ·	eive any of your education of please explain under EXPL.		_	rience under	another name? □ Y	es □No
If YES,	ad disciplinary action taken explain under EXPLANAT YES will not automatically	IONS.		ast 12 month	s? □Yes □N	No
(18) Have you ev □Yes	ver been dismissed or forced □No	to resign	from any j	ob held?		
If YES	ismissed or forced to resign to "a" or "b", explain under YES will not automatically	EXPLAN.	ATIONS.	ons?	□Yes □No	
EDUCATION Provide your co	omplete history.					
	thest school year completed,	or highest	degree ea	arned:		
(21) Name of H					City:	State:
(22) Have you re □Yes	eceived a high school diplon  ☐No	na or equiv	alent?			
Higher Education (if applicable)	School Name and Location	Years A	Attended Until	Did You Graduate?	Degree, Diploma, or Certificate Earned (or # of years completed)	Major(s) and Minor (if applicable)
College(s) or University(ies)						
Graduate or Professional Schools						
Technical Institutes, Internship, Other						

## **KNOWLEDGE, SKILLS & ABILITIES**

(a)	(e)	
(b)		
(c)		
(d)	(h)	
REGISTRATIONS, LICENSES, CERTIFIC	<u>CATIONS</u>	
24) List fields of work for which you have be	en registered, licensed or certified:	
· · ·	State: No:	Exp. Date:
Registration:	State: No:	Exp. Date:
Other:		
` · · ·	ENSE NUMBER and the state in which it was issu	ued.
If you do not have a driver's license, p License Number:	•	
Electise (vuinoer.	issuing state.	_
(26) Is your driver's license a Commercial Dri □Yes □ No	ver's License?	
EMPLOYMENT HISTORY		
Record your complete work history in the spaces be acceptable. BEGIN with your current or most recent employment history. ALL SPACES MUST BE COM		
Record your complete work history in the spaces be acceptable. BEGIN with your current or most recent employment history. ALL SPACES MUST BE CONSE attached resume" is NOT acceptable in the dut	t position. Included military and related volunteer expended MPLETED OR MARKED N/A (not applicable).	
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Record your complete work history in the spaces be acceptable. BEGIN with your current or most recent employment history. ALL SPACES MUST BE CONSee attached resume" is NOT acceptable in the dutter.  A. CURRENT OR MOST RECENT EMPLOYED TO BE TITLE OF POSITION:  Employer or Company:  Employer or Company Address:  Employment Starting Date:  Name and title of current or most recent supervoid you hold a supervisory position?  If yes, # of employees supervised by your supervisory of the position	t position. Included military and related volunteer expe MPLETED OR MARKED N/A (not applicable).  ties space.  LOYMENT (or explain gap in employment)  Telephone #: ( )  Ending (or Current) Wages:  Ending Date:  visor:  you  Part-time for: Years Mont of hours worked per week	rience. Be sure to account for gaps in your
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## B. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE or POSITION:	
Employer or Company:	
Employer or Company Address:	
Starting Wages:	Ending (or Current) Wages:
Employment Starting Date:	Ending Date:
Name and title of current or most recent supervisor:	
Did you hold a supervisory position?	
If yes, # of employees supervised by you	
Full-time for: Years Months	
If you worked part-time, the number of hours wo	orked per week
DUTIES IN ORDER OF IMPORTANCE:	
REASON FOR LEAVING or DESIRING A CHANGE:	
C. NEXT MOST RECENT EMPLOYMENT (or exp	olain gap in employment)
IOR TITLE OF POSITION.	
JOB TITLE or POSITION:	
	Telephone #: ( )
Employer or Company Address:	
Starting Wages:	Ending (or Current) Wages:
Employment Starting Date:	Ending Date:
Name and title of current or most recent supervisor:	
Did you hold a supervisory position?	
If yes, # of employees supervised by you	
Full-time for: Years Months	Part-time for: Years Months
If you worked part-time, the number of hours wo	
DUTIES IN ORDER OF IMPORTANCE:	
REASON FOR LEAVING or DESIRING A CHANGE:	
D. NEWE MOOTE DECENTE DATE OVALUE (	
D. NEXT MOST RECENT EMPLOYMENT (or exp	lain gap in employment)
JOB TITLE or POSITION:	
Employer or Company.	Telephone #: ( )
Employer or Company Address:	τοιεριίοπο π. ( )
Employer or Company Address:	
Starting Wages:	Ending (or Current) Wages:
Employment Starting Date:	
Name and title of current or most recent supervisor:	
Did you hold a supervisory position?	
If yes, # of employees supervised by you	
Full-time for: Years Months	Part-time for: Years Months
If you worked part-time, the number of hours wo	orked per week

DUTIES IN ORDER OF IMPORTANCE:	
REASON FOR LEAVING or DESIRING A CHANGE: _	
E. NEXT MOST RECENT EMPLOYMENT (or exp	lain gap in employment)
JOB TITLE or POSITION:	
Employer or Company:	Telephone #: ( )
Employer or Company Address:	
Starting Wages:	Ending (or Current) Wages:
Employment Starting Date:	Ending Date:
Name and title of current or most recent supervisor:	
Did you hold a supervisory position?	
If yes, # of employees supervised by you	
Full-time for: Years Months	Part-time for: Years Months
If you worked part-time, the number of hours wo	orked per week
DUTIES IN ORDER OF IMPORTANCE:	
REASON FOR LEAVING or DESIRING A CHANGE: _	
F. NEXT MOST RECENT EMPLOYMENT (or exp	lain gap in employment)
JOB TITLE or POSITION:	
Employer or Company:	Telephone #: ( )
Employer or Company Address:	• • • • • • • • • • • • • • • •
Starting Wages:	Ending (or Current) Wages:
Employment Starting Date:	
Name and title of current or most recent supervisor:	
Did you hold a supervisory position?	
If yes, # of employees supervised by you	
Full-time for: Years Months	Part-time for: Years Months
If you worked part-time, the number of hours wo	
	·
REASON FOR LEAVING or DESIRING A CHANGE:	
(27) May we contact your present employer for reference	• • • • • • • • • • • • • • • • • • • •
If you are not currently employed, please inc If NO, explain under EXPLANATIONS.	licate "N/A" here:

ITEM #		
ITEM #		
ITEM #		
`	F BE SIGNED AND DATED BELOW)  belief, the information given truly represents my back	ckground and experience.
Name (Printed)	Signature	Date

**EXPLANATIONS**