

NOTICE:

1. The State employs only U.S. citizens or aliens who can provide proof of identity and work authorization within three working days of employment.
2. Persons subject to military selective service registration must certify compliance to be eligible for state employment (G.S. 143B-421.1). See availability block.

WHEN COMPLETING THIS APPLICATION, PLEASE MAKE SURE YOU:

1. Print or type.
2. Give complete information on your education and work history. ("**See Resume" is not acceptable.**")
3. List separately each job held and your duties for each position.
4. Check for accuracy. Sign and date your application.
5. Complete the Equal Opportunity Information section. (Optional)

NOTE: If you forget to complete some part of this Application or do not include requested information (except the Equal Opportunity Information which is voluntary), your application may not be considered.

Thank you for your interest in the Judicial Branch of Government. The Judicial System of North Carolina wants to attract the best qualified people available to serve its citizens. Filling out an application does not imply that you will be interviewed or hired, but that you will be considered for vacancies based upon the stated job(s) for which you have applied.

STATE OF NORTH CAROLINA Administrative Office of the Courts Human Resources Division P.O. Box 2448, Raleigh, NC 27602		JUDICIAL BRANCH OF GOVERNMENT APPLICATION FOR EMPLOYMENT Please type or print. (SSN Voluntary, for Record-Keeping and Data Processing Only)				
Social Security Number		Last Name				
Address (Street Number And Name)		First Name	Middle/Maiden Name			
City		County				
State	Zip Code	Phone (Home Or Where You Can Be Reached) ()	Business Phone ()			
Availability						
Do you now work for the State of N.C.? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you related by blood or marriage to any person now working for the State? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, give name, relationship to you and the agency where employed.)</i>				
If not a U.S. citizen, are you eligible to work in the U.S. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If subject to military selective service registration, certify compliance by initialing dotted						
Military Service						
Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training?		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you wish to declare a service-connected disability?		<input type="checkbox"/> Yes <input type="checkbox"/> No				
At the time of this Application, are you the surviving spouse or dependent of a deceased veteran who died from service-related reasons?		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you wish to declare eligibility for veteran's preference as the spouse of a disabled veteran?		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Give dates of your (or spouse's) qualifying active military service: Entered: _____ Separated: _____ Branch _____ Rank: _____						
Are you a member of the Military Reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No Branch _____ Rank: _____						
AGENCY USE ONLY: ELIGIBILITY FOR VETERAN'S PREFERENCE: <input type="checkbox"/> Yes <input type="checkbox"/> No						
Check the type of work you will accept: <input type="checkbox"/> 1. Permanent full-time <input type="checkbox"/> 2. Permanent part-time <input type="checkbox"/> 3. Temporary full-time <input type="checkbox"/> 4. Temporary part-time <input type="checkbox"/> 5. Any of the preceding <input type="checkbox"/> 6. Work involving travel <input type="checkbox"/> 7. Shift or split shift <input type="checkbox"/> 8. Weekend work						
If you are not available for work now, enter the earliest date you could begin work (mo/day/yr) _____						
Will you accept work anywhere in N.C.? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, list below the counties in which you would be willing to work.)</i>						
1. _____ 2. _____ 3. _____ 4. _____ 5. _____						
Jobs Applied For						
Enter below the specific title(s) of the job(s) for which you are applying. Please list no more than three on this application.						
1. _____ 2. _____ 3. _____						
Referral Source						
Please indicate your referral source: _____						
If you were referred by the Employment Security Commission (Job Service), please indicate which local office: _____						
Education						
If you used a different name when enrolled at the college or university listed below, give name used and the institution _____						
Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 Graduate School 1 2 3 4 Under S/Q Hrs., list the number of credit hours received and if they were semester (S) or quarter (Q) hours.						
Schools	Name And Location	Date Attended From To (mo/yr)	Grad?	S/Q Hrs.	Major/Minor Course Work	Type Of Degree
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No			
College(s) University(s)			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Graduate or Professional			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other educational, vocational school, internships, etc.			<input type="checkbox"/> Yes <input type="checkbox"/> No			
List special training programs and seminars you have completed in the last five years: _____						
If the job(s) applied for calls for specific courses, indicate those courses taken and credits received: _____						
Current professional status: (list fields of work for which you have been registered)						
Registration: _____		State: _____		No.: _____		
Registration: _____		State: _____		No.: _____		
List membership in professional, honorary or technical societies: _____				FOR AOC USE ONLY		
				Degrees and Professional Credentials		
				<input type="checkbox"/> Have been verified		
				<input type="checkbox"/> Will be verified within 90 days (G.S. 126-30)		
				Person Responsible: _____		

Equal Opportunity Information

NOTE TO EMPLOYMENT SECURITY COMMISSION EMPLOYEES OR JUDICIAL BRANCH OF GOVERNMENT HIRING AUTHORITIES: Please ensure all blanks are completed and mail to: Administrative Office of the Courts, Attn: Staffing Coordinator, Courier Box 56-10-50, Raleigh, NC, OR if courier is not available, mail to P.O. Box 2448, Raleigh, NC 27602. State Government policy prohibits discrimination based on race, sex, color, creed, national origin, age or disability. Sex, age or absence of disability is a bona fide occupational qualification in a small number of Judicial Department jobs. **NOTE TO APPLICANT:** The information requested below is strictly voluntary and will in no way affect you as an applicant. Its sole use will be to see how well our recruitment efforts are reaching all segments of the population.

<p>Date of Birth</p> <p>_____/_____/_____ Sex <input type="checkbox"/> M <input type="checkbox"/> F (mo) (day) (year) (male) (female)</p> <p>ETHNIC GROUP</p> <p><input type="checkbox"/> 1. White (non-Hispanic)</p> <p><input type="checkbox"/> 2. Black or African-American (non-Hispanic)</p> <p><input type="checkbox"/> 3. Hispanic or Latino (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race)</p> <p><input type="checkbox"/> 4. Asian (native Hawaiian or Pacific Islander)</p> <p><input type="checkbox"/> 5. American Indian (including Alaskan native)</p>	<p>DISABILITY: "Disability means, with respect to an individual: (1) a physical or mental impairment that substantially limits one or more major life activities of such individual; (2) a record of such an impairment; or (3) being regarded as having such impairment." (Americans with Disabilities Act of 1990). Persons without a disability should check item A. The reporting of a disability is strictly VOLUNTARY. Persons with disabilities who DO NOT WISH to report their disabilities should check item A. Information reported on this form will be kept confidential as required by State law. Public disclosure of this information without your consent would be a violation of G.S. 126-27.</p> <table style="width:100%;"> <tr> <td style="width:33%;">A <input type="checkbox"/> None/Prefer not to report</td> <td style="width:33%;">H <input type="checkbox"/> Nervous system/Neurological disorder</td> </tr> <tr> <td>B <input type="checkbox"/> Blind or severely visually handicapped</td> <td>I <input type="checkbox"/> Mental illness/Emotional disturbance</td> </tr> <tr> <td>C <input type="checkbox"/> Deaf or severely hearing impaired</td> <td>J <input type="checkbox"/> Mental retardation</td> </tr> <tr> <td>D <input type="checkbox"/> Loss or limited use of arms and/or hands</td> <td>K <input type="checkbox"/> Learning disability</td> </tr> <tr> <td>E <input type="checkbox"/> Non-ambulatory (must use wheelchair)</td> <td>L <input type="checkbox"/> Others (heart disease, diabetes, speech impairment, etc.)</td> </tr> <tr> <td>F <input type="checkbox"/> Other orthopedic impairment (including amputation, arthritis, back injury, cerebral palsy, spina bifida, etc.)</td> <td></td> </tr> <tr> <td>G <input type="checkbox"/> Respiratory impairment</td> <td></td> </tr> </table>	A <input type="checkbox"/> None/Prefer not to report	H <input type="checkbox"/> Nervous system/Neurological disorder	B <input type="checkbox"/> Blind or severely visually handicapped	I <input type="checkbox"/> Mental illness/Emotional disturbance	C <input type="checkbox"/> Deaf or severely hearing impaired	J <input type="checkbox"/> Mental retardation	D <input type="checkbox"/> Loss or limited use of arms and/or hands	K <input type="checkbox"/> Learning disability	E <input type="checkbox"/> Non-ambulatory (must use wheelchair)	L <input type="checkbox"/> Others (heart disease, diabetes, speech impairment, etc.)	F <input type="checkbox"/> Other orthopedic impairment (including amputation, arthritis, back injury, cerebral palsy, spina bifida, etc.)		G <input type="checkbox"/> Respiratory impairment	
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G <input type="checkbox"/> Respiratory impairment															

Professional licenses and certifications (*list, giving dates and sources of issuance*):

Skills

Check the following skills, experience, etc. which you have:

<input type="checkbox"/> Driver's license # _____ State _____	<input type="checkbox"/> Sign language	<input type="checkbox"/> Foreign language (specify) _____
<input type="checkbox"/> Chauffeur's license # _____ State _____	<input type="checkbox"/> Adding machine/calculator	<input type="checkbox"/> Braille skills
<input type="checkbox"/> Car for use at work	<input type="checkbox"/> Typing (<i>specify WPM</i>) _____	<input type="checkbox"/> Computer software (<i>i.e., dBase, spreadsheets, etc.</i>)
<input type="checkbox"/> Word processing	<input type="checkbox"/> Shorthand/speedwriting (<i>specify WPM</i>) _____	<input type="checkbox"/> Legal transcription
		<input type="checkbox"/> Other _____

Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.) Yes No (*If yes, explain fully on an additional sheet.*)

Work History (*include volunteer experience*) Use Additional Sheets If Necessary

Current Or Last Employer		Address			
Job Title		Supervisor's Name		Telephone No.	No. Supervised By You:
				()	
Date Employed (mo/yr)	Starting Salary	Ending Salary	Reason For Leaving		May We Contact Employer?
	\$ per	\$ per			<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Separated (mo/yr)	List major duties in order of their importance in the job:				
Full-Time	Years	Months			
Part-Time	Years	Months			
If part-time, no. of hours per week:					
Employer		Address			
Job Title		Supervisor's Name		Telephone No.	No. Supervised By You:
				()	
Date Employed (mo/yr)	Starting Salary	Ending Salary	Reason For Leaving		May We Contact Employer?
	\$ per	\$ per			<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Separated (mo/yr)	List major duties in order of their importance in the job:				
Full-Time	Years	Months			
Part-Time	Years	Months			
If part-time, no. of hours per week:					

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information, false documentation, or failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and/or criminal action. I further understand that dismissal shall be mandatory if fraudulent information is given to meet position qualifications. (Authority: G.S. 126-30, G.S. 14-122.1). I understand that Judicial Branch employees are not subject to the State Personnel Act. Judicial Branch employees serve "at the pleasure" of their hiring authorities. This means that employment may be terminated with or without cause and/or advance notice by either the employer or the employee. However, termination by the employer may not occur due to discrimination prohibited by law.

If I am employed by an independent hiring authority within the Judicial Branch of Government, such as a judge, clerk of superior court, district attorney or public defender, I understand that I will serve at the pleasure of that official, that my employment may be terminated by that official without cause or notice, neither I nor the judicial official by whom I am employed is an employee of the Administrative Office of the Courts, and that the Administrative Office of the Courts has no authority over the hiring decisions or other employment practices of the judicial official by whom I am employed.

Signature Of Applicant (*unsigned application will not be processed*) _____ Date _____