

EMPLOYMENT APPLICATION

**NC Appraisal Board
5830 Six Forks Road
Raleigh, NC 27609**

An Equal Opportunity Employer

**Received:
For Official Use Only:**

QUAL: _____
DNQ: _____
 Experience
 Training
 Other: _____

**PERSONAL
INFORMATION**

POSITION TITLE:

NAME: (Last, First, Middle)

Former Last Name (if applicable):

Date And Month of Birth:

ADDRESS: (Street, City, State/Province, Zip Code)

HOME PHONE:

ALTERNATE PHONE:

EMAIL ADDRESS:

DRIVER'S LICENSE:

Yes No

DRIVER'S LICENSE:

State/Province: Number:

LEGAL RIGHT TO WORK IN THE UNITED STATES?

Yes No

PREFERENCES

WHAT IS YOUR MINIMUM COMPENSATION REQUIREMENT?

ARE YOU WILLING TO RELOCATE?

Yes No Maybe

OBJECTIVE:

EDUCATION

ICircle 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 hours of credit received and if they were semester (S) or quarter (Q) hours.

Schools	Name and Location	Dates Attended (mo./yr.) From: To:	Grad? Y/N	S/Q Hrs.	Major/Minor Course Work	Type of Degree Received
High School						
College/University						
Graduate or Professional						
Other educational or vocational school						

**WORK
EXPERIENCE**

DATES: _____ **EMPLOYER:** _____ **POSITION TITLE:** _____

ADDRESS: (Street, City, State/Province, Zip Code)

COMPANY URL:

PHONE NUMBER:

SUPERVISOR:

MAY WE CONTACT THIS EMPLOYER?

Yes No

HOURS PER WEEK:

OF EMPLOYEES SUPERVISED:

DUTIES:

REASON FOR LEAVING:

DATES: _____ **EMPLOYER:** _____ **POSITION TITLE:** _____

ADDRESS: (Street, City, State/Province, Zip Code)

COMPANY URL:

PHONE NUMBER:	SUPERVISOR:	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No
HOURS PER WEEK:	# OF EMPLOYEES SUPERVISED:	
DUTIES:		
REASON FOR LEAVING:		

DATES:	EMPLOYER:	POSITION TITLE:
ADDRESS: (Street, City, State/Province, Zip Code)		COMPANY URL:
PHONE NUMBER:	SUPERVISOR:	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No
HOURS PER WEEK:	# OF EMPLOYEES SUPERVISED:	
DUTIES:		
REASON FOR LEAVING:		

CERTIFICATES AND LICENSES	
TYPE:	
LICENSE NUMBER(s):	ISSUING AGENCY:

SKILLS	
OFFICE SKILLS:	
OTHER SKILLS:	
LANGUAGE(S):	

REFERENCES		
REFERENCE TYPE:	NAME:	POSITION:
ADDRESS: (Street, City, State/Province, Zip Code)		
EMAIL ADDRESS:	PHONE NUMBER:	

REFERENCE TYPE:	NAME:	POSITION:
ADDRESS: (Street, City, State/Province, Zip Code)		

EMAIL ADDRESS:		PHONE NUMBER:
REFERENCE TYPE:	NAME:	POSITION:
ADDRESS: (Street, City, State/Province, Zip Code)		
EMAIL ADDRESS:		PHONE NUMBER:

By signing below, 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 or documentation, or a 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 upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications. I also understand that it is my responsibility to update my contact information should there be any changes in my name, address, phone number, or e-mail address.

This application was submitted by:

Signature _____ **Date** _____

Equal Opportunity Information

NC Appraisal Board policy prohibits discrimination based on race, sex, color, creed, national origin, age, genetic information, or disability.

North Carolina Appraisal Board Application for Employment
Continuation Sheet --

NC Appraisal Board An Equal Opportunity Employer		Last Name
WORK EXPERIENCE		
DATES:	EMPLOYER:	POSITION TITLE:
ADDRESS: (Street, City, State/Province, Zip Code)		COMPANY URL:
PHONE NUMBER:	SUPERVISOR:	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No
HOURS PER WEEK:	# OF EMPLOYEES SUPERVISED:	
DUTIES:		
REASON FOR LEAVING:		
DATES:	EMPLOYER:	POSITION TITLE:
ADDRESS: (Street, City, State/Province, Zip Code)		COMPANY URL:
PHONE NUMBER:	SUPERVISOR:	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No
HOURS PER WEEK:	# OF EMPLOYEES SUPERVISED:	
DUTIES:		
REASON FOR LEAVING:		
<p>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 or documentation, or a 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 upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications</p>		
<p>_____ Signature of Applicant (unsigned applications will not be processed)</p>		<p>_____ Date</p>