### Land of Sky Regional Council

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## **Employment Application**

### General Information

Land of Sky Regional Council is a council of government composed of city and county governments from our four county region (Buncombe, Henderson, Madison and Transylvania) in Western North Carolina. The Council serves as a regional planning agency for physical, human resources, and governmental services programs and may operate such programs as are assigned to it. Persons with professional experience, education and background are encouraged to apply for staff positions. Land of Sky is an Equal Opportunity / Affirmative Action Employer.

Position(s) applied for:		Date:	
Name: last	first	middle	
Address: street	city	state	zip
Phone: home	cell	other	
Email:			
Last Four Digits of Social Security	Number:		
Availability			
When will you be available for e	mployment?		
Are you seeking: full-time work	part-time work	temporary work	
Have you ever been employed	by Land of Sky? yes no _	If yes, dates:	
Are you related by blood or mail figures, name and relationship:	rriage to any person now employe	ed by Land of Sky? yes	no .
Can you perform the essential for	unctions of the job with or without	reasonable accommoda	tions? yesno
Background			
yes no	offense against the law or forfeite	ed a bond during the last (	(7) seven years?
If yes, explain:			

NOTE: A criminal record will not necessarily exclude you from employment. Such factors as age at time of offense, rehabilitation efforts, recency, and seriousness of the crime will be taken into account. You may omit traffic violations of which you paid a fine of \$60 or less.

page 1

Laucanon			
Check the box	of highest grade completed	d: 1-5 6-8	9-12 GED College Graduate School
School	Name and Location	Years Attended	Graduate? Degree/Diploma and Subject
High School		from	yes no no
	city state	to	
College or		from	yes no no
University	city state	to	
Graduate or Professional		from	yes no no
	city state	to	
Other Education,		from	yes no
Internships, etc.	city state	to	
	ors, scholarships, fellowships, p nich will be helpful in evaluat		nt extracurricular work, and other educationa n.
List fields of wo	rk which you are licensed, re	egistered, or certified	d, giving date(s) and source(s) of issuance.
List typing and you are profici	The state of the s	ou can operate (inc	luding computer), and other skills in which
If the position of	applied for calls for specific o	courses, indicate co	urses and credits received.

## **Employment Record**

Please answer completely all questions for each period of employment. Include military service and previous employment with Land of Sky Regional Council. Failure to give complete information may result in rejection of your application. Begin with your present to last position. If more space is needed, use the continuation page.

May Land of Sky o	contact your previous	employers regarding	your character, qu	ıalificatio	ns, etc? yes no
1. Employer:					
Address: street		city		state	zip
Supervisor: name			phone		
Job Title:			Ending Salo	ary: \$	per
Date Employed: r	month year	Date S	eparated: month		year
Full Time:	Part Time:	If part time, number	of hours worked p	er week:	
Reason for Leavin	g:				
2. Employer:					
Address: street		city		state	zip
Supervisor: name			phone		
Job Title:			Ending Sald	ary: \$	per
Date Employed: r	month year	Date S	eparated: month		year
Full Time:	Part Time:	If part time, number	of hours worked p	er week:	
Reason for Leavin	g:				
List the jobs you he worked at this cor	•	l, skills used or learned	advancements, c	or promo	tions while you

Employment Record continu	ued <sub>l</sub>			
3. Employer:				
Address: street	city		state	zip
Supervisor: name		phone		
Job Title:		Ending Salary	: \$	per
Date Employed: month	year Date S	Separated: month	year	
Full Time: Part Time:	If part time, number	of hours worked per	week:	
Reason for Leaving:				
List the jobs you held, duties per worked at this company:	formed, skills used or learned	, advancements, or p	oromotions v	while you
References				
Please list persons who are not re for which you are applying such will list under Employment Recor	as former co-workers, teach			
1. Name:				
Title:		Phone:		
2. Name:				
Title:		Phone:		
3. Name:				
Title:		Phone:		
4. Name:				
Title:		Phone:		

# Continuation Page

Please use this page for any additional comments from any of the previous questions. Be sure to reference which questions you are completing.

knowledge. In the ever institutions, association concerning my qualified understand that false if grounds for rejection of	ent confirmation is nons, registration and lications. I authorize information or docur of my application, dissipand that	eeded in connectensing boards, on the control of all the control of all the control of a formal of the control of a formal of	rmation on this form to the best of my tion with my work, I authorize education and others to furnish whatever detail is a I statements made in this application a silure to disclose relevant information mor dismissal if I am employed, and (or) on the shall be mandatory if fraudulent discent.	available and ay be criminal
Signature of Applicant	t		Date	
Selective Service R	Registration			
and male aliens, exce students, tourists, and	pt aliens lawfully adra diplomatic and cons are 18 through 25 yea	mitted to the Unit sular personnel ar ars of age must re	tober 1, 1989, requires that all male U.S. ed States as non-immigrants on visas (e nd their families), residing in the United S egister with the Selective Service System	e.g., States
	gency receiving fed		employment with Land of Sky Regional sign below indicating whether or not y	
Yes, I have registered.	No, I have	ve not registered	with the Selective Service.	
Signature				
<b>Equal Opportunity</b>	Information			
Government requires uethnic background. P Employment Departm	us to collect and be lease complete the ent and not forward / Affirmative Action	able to produce following informo ed to any emplo Employer, this info	mative Action Employer. The Federal data pertaining to each applicant's sention. This information will be retained in ying department. In keeping with our sommation will not be used in making any ent.	n the status as
Date of Birth: month	day	year	Gender: male female	ale
Ethnic Group: 1.	White (not Hisp	anic)		
2.	Black (not Hispo	anic)		
3.		can, Puerto Ricar egardless of race	, Cuban, Central or South American, o	ther
4.	Asian or Pacific	Islanders		
5	American India	ın (includina Alas	kan native)	

Certificate of Applicant



#### **DISCLOSURE**

		gibility for employment and,					
credit worthiness, credit	standing, credit capac	net an investigation of your b mer reporting agency of its cl city, character, general reputation ers compensation history or m	on, personal chara				
receipt of a copy of my	rights under the Fair tained in a consumer i	of any federal or state equal Credit Reporting Act. Ifeport, you will be provided w	intends to tak	e any advers	e action	based in	whole or in
To assist in o	btaining a consumer r	report, the following informati	on is provided:				
MA, MN, OK, NY, M	E, WA, NJ, and CA	applicants only: If you wan	t a free copy of th	ne report(s)	ordered	l, check t	his box □.
Full Name (Printed)	First	Middle	Last	Maiden	Other (		
Signature			Date				
Complete Residence Addr	essStreet Number/ PO I						
	Street Number/ PO I	Box Stro	eet Name				
City		State	Zip Code	County			
Date of Birth*	VID 1: 4 (000) 550	Social Security Number	r	G	ender	Race	
•	, , ,	3-3776 with this information)	_ State Issued				
Daytime Telephone Numb	er	Email					
Please list all additional 1	residences that you hav	e resided in during the past 7 y	ears:				
Street Number/ PO Box	Street Name	Cit	y	State	Zip		County
Street Number/ PO Box	Street Name	Cit	y	State	Zip		County
Street Number/ PO Box	Street Name	Cit	y	State	Zip		County



#### **AUTHORIZATION**

I hereby authorize	to make an	independent investigation o	f my background by	obtaining a consumer report	relating to me
from Mind Your Bus	siness, Inc. ("MYB")	I understand and agree that t	the information conta	ined in any consumer report	will be used to
0 ,	for employment and n this information.	, if I am hired, my eligibilit	y for continued emp	loyment, and that action ma	y be taken by
same to, agencies and any an	by and through <b>MYB</b> d all credit bureaus,	regardless of whether such	, any courthouse, any person, business en	mation relevant to the above public agency, any and all latity or governmental agency mce information from previous	w enforcement compiled the
Full Name (Printed)	First	Middle	Last	Maiden/Other	
Signature			Date		