



25 Heritage Drive  
Asheville, NC 28806

APPLICATION FOR EMPLOYMENT: DUE DATE: \_\_\_\_\_

General Information: The Land-of-Sky Regional is a council of governments composed of city and county governments in four counties 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. The Land-of-Sky Regional Council is an Equal Opportunity/Affirmative Action Employer.

1. Position(s) applied for : \_\_\_\_\_ Date: \_\_\_\_\_

2. \_\_\_\_\_  
(Last) (First) (Middle)

3. Present Mailing Address: \_\_\_\_\_  
(Street & No. or RFD) (City) (State) (Zip)

Permanent Mailing Address: \_\_\_\_\_  
(Street & No. or RFD) (City) (State) (Zip)

Telephone: Home: \_\_\_\_\_ Business: \_\_\_\_\_

If none, where can you be reached by phone? \_\_\_\_\_

4. When will you be available for employment? \_\_\_\_\_

5. Are you seeking: Full-time work  Part-time work  Temporary work

6. Have you ever been employed by the Land-of-Sky Regional Council? Yes:  No:

If "yes" give dates: From: \_\_\_\_\_ To: \_\_\_\_\_

7. May inquiry be made of your past employers regarding your character, qualifications, etc.? Yes:  No:

8. Can you perform the essential functions of the job with or without reasonable accommodations?

Yes:  No:

9. Have you been convicted of an offense against the law or forfeited a bond during the last (7) seven years?

If "yes" explain in Space 11. Yes:  No:

**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.

10. Are you related by blood or marriage to any person now employed by Land-of-Sky Regional Council?

Yes:  No:  If "yes", give name and relationship in Space 11.

11. Use this space to explain an answer (Attach additional sheet if needed).

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**EDUCATION:**

12. Elementary or High School Name: \_\_\_\_\_ Circle highest year of school completed. 1 2 3 4 5 6 7 8 9 10 11 12

\_\_\_\_\_ Location \_\_\_\_\_ Ending date \_\_\_\_\_

Did you graduate from high school or pass the High School Equivalency Test? Yes:  No:

Education Beyond high school	Name and Location	Attended		Circle number years completed	Credit hours	Did you graduate	Degree or Diploma and year Received	Major Subject
		From	To					
		Mo. Yr.	Mo. Yr.					
College Or University				1 2 3 4				
Graduate Or Professional				1 2 3 4				
Other Education, Internships, Etc.				1 2 3 4				

13. Describe honors, scholarships, fellowships, publications, relevant extracurricular work, and other educational information which will be helpful in evaluating your application. \_\_\_\_\_

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14. List fields of work for which you are licensed, registered, or certified, giving date(s) and source(s) of issuance. \_\_\_\_\_

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15. List typing and shorthand skills, machines you can operate (including computer), and other skills in which you are proficient.

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16. If the position applied for calls for specific courses, indicate courses and credits received. \_\_\_\_\_

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**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 or last position. If more space is needed, use a continuation sheet.

A. Title of present or last position: \_\_\_\_\_

Starting salary: \_\_\_\_\_ Last salary: \_\_\_\_\_

Date Employed:	Name and Title of Supervisor:
Date Separated:	Employer:
Full-time:      Years:      Months:	Address:
Part-time:      Years:      Months:	Phone:
If part-time, number of hours per week:	Duties and responsibilities:
Reason for leaving:	

B. Title of next to last position: \_\_\_\_\_

Starting salary: \_\_\_\_\_ Last salary: \_\_\_\_\_

Date Employed:	Name and Title of Supervisor:
Date Separated:	Employer:
Full-time:      Years:      Months:	Address:
Part-time:      Years:      Months:	Phone:
If part-time, number of hours per week:	Duties and responsibilities:
Reason for leaving:	

C. Title of next position: \_\_\_\_\_

Starting salary: \_\_\_\_\_

Last salary: \_\_\_\_\_

Date Employed:	Name and Title of Supervisor:
Date Separated:	Employer:
Full-time:      Years:      Months:	Address:
Part-time:      Years:      Months:	Phone:
If part-time, number of hours per week:	Duties and responsibilities:
Reason for leaving:	

17. References:

Please list persons who are not related to you who have knowledge of your qualifications for the position(s) for which you are applying such as former co-workers, teachers, etc. Do not repeat names of supervisors you will list under Employment Records in this application.

(a) Name: \_\_\_\_\_ Address: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

(b) Name: \_\_\_\_\_ Address: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

(c) Name: \_\_\_\_\_ Address: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

CERTIFICATE OF APPLICANT

I certify that the information given in this application is correct to the best of my knowledge. I also understand that falsification of any of the above information may be grounds for dismissal.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

**Note:** A copy of your college transcript or current resume may be attached to this application.

## SELECTIVE SERVICE REGISTRATION

Section 3 of the Military Selective Service Act, Effective October 1, 1989, requires that all male U.S. citizens and male aliens, except aliens lawfully admitted to the United States as non-immigrants on visas (e.g., students, tourists, and diplomatic and consular personnel and their families), residing in the United States and its territories who are 18 through 25 years of age must register with the Selective Service System and are required to do so within 30 days of their 18<sup>th</sup> birthday.

For applicants between the ages of 18 and 26 applying for employment with Land-of-Sky Regional Council, a local government agency receiving federal funds, please sign below indicating whether or not you have registered with the Selective Service.

- Yes, I have registered.       No, I have not registered with the Selective Service.

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Signature

**EQUAL OPPORTUNITY/AFFIRMATIVE ACTION DATA**

The Land-of-Sky Regional Council is an Equal Opportunity/Affirmative Action Employer. The Federal Government requires us to collect and be able to produce data pertaining to each applicant's sex, ethnic background, citizenship and veteran status, as well as any handicap. Please complete the following information. It will be removed from the Application, retained in the Employment Department and not forwarded to any employing department. In keeping with our status as an Equal Opportunity/Affirmative Action Employer, this information will not be used in making any decision affecting hiring or any personnel action following employment.

<b>NAME (Print or Type as on Social Security Card)</b> <hr/> <div style="display: flex; justify-content: space-between;"> <span><b>Last</b></span> <span><b>First</b></span> <span><b>Middle</b></span> </div> <hr/> <b>BIRTH DATE:</b> _____ <div style="display: flex; justify-content: space-around;"> <span>Month</span> <span>Date</span> <span>Year</span> </div>	<b>SOCIAL SECURITY NUMBER</b> <hr/> ____-____-____	<b>SEX</b> <input type="checkbox"/> Male  <input type="checkbox"/> Female
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<b>ETHNIC BACKGROUND</b> <input type="checkbox"/> 1- White (not Hispanic): Origins in Europe, North Africa, or the Middle East. <input type="checkbox"/> 2- Black (not Hispanic): Origins in any of the black racial groups. <input type="checkbox"/> 3- American Indian or Alaskan Native: Origins in the Original peoples of North America. <input type="checkbox"/> 4- Asian or Pacific Islanders: Origins in the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. <input type="checkbox"/> 5- Hispanic: Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish Culture or origin regardless of race.	<b>VETERAN</b> <input type="checkbox"/> V - Vietnam Era Veteran (8-5-64 to 5-7-75) "A person (1) who (I) served on active duty for a period of more than 180 days, 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."  <input type="checkbox"/> 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."  <input type="checkbox"/> B-Disabled Vietnam Era Veteran (8-5-64 to 5-7-75) Both of the above.	<b>DISABILITY (IF ANY)</b> <p>Note: Reporting any disability is voluntary.</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> <input type="checkbox"/> A. I have no disability or I prefer not to report a disability. <input type="checkbox"/> B. Blind or severely visually impaired. <input type="checkbox"/> C. Deaf or severely hearing impaired. <input type="checkbox"/> D. Loss or limited use of arms and/or hands. <input type="checkbox"/> E. Non-ambulatory (must use wheelchair) <input type="checkbox"/> F. Other orthopedic impairment (including amputation, arthritis, back injury, cerebral palsy, spina bifida, etc.) <input type="checkbox"/> G. Respiratory impairment. <input type="checkbox"/> H. Nervous system/neurological disorder. <input type="checkbox"/> I. Mentally restored. <input type="checkbox"/> J. Mental retardation. <input type="checkbox"/> K. Learning disability. <input type="checkbox"/> L. Other (Please specify) _____ _____ _____
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**THIS APPLICATION IS IN RESPONSE TO (please specify one):**

<input type="checkbox"/> Asheville Citizen Times <input type="checkbox"/> Hendersonville Times News <input type="checkbox"/> Madison News Record <input type="checkbox"/> Transylvania Times <input type="checkbox"/> Another Newspaper or Professional Publication Please specify: _____	<input type="checkbox"/> ES - Employment Security Commission <input type="checkbox"/> P - Personal Referral <input type="checkbox"/> R - Radio <input type="checkbox"/> TV - Television <input type="checkbox"/> Electronic/INTERNET/INFO <input type="checkbox"/> O - Other Please specify: _____
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