

APPLICATION DAQ SUMMER ASSISTANT				STATE OF NORTH CAROLINA		Date of Application _____	
Last 4 digits of Social Security No. _____		Last Name _____		First Name _____		Middle Name _____	
Address (Street number and name) _____				City _____		County _____	
State _____		Zip Code _____		Phone (Home or where you can be reached) _____		Other Phone _____	
Availability Do you now work for the State of NC or have another internship? <input type="checkbox"/> YES <input type="checkbox"/> NO		DAQ Summer Assistant / Internship Program: Note: One assistant will serve as the communication and education assistant for the NC Air Awareness education and outreach program focusing especially on vehicle emission reductions. The other assistant will serve as an assistant for the meteorologists within the planning section of NCDAQ. Are you related by blood or marriage to any person now working for the State <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give name, relationship to you and the agency where employed.					
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 veterans 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 _____							
What is the earliest date you could begin work? (mo/day/yr.) _____ What is the latest date you can work until? (mo/day/yr.) _____ Are you able to work in the Raleigh Central Office (217 West Jones Street Raleigh NC) location the summer of 2017? <input type="checkbox"/> YES <input type="checkbox"/> NO							
Job Applied For Enter below the specific title . NOTE: Applicants, please enter either NC Air Awareness Assistant or DAQ Meteorologist Asssitant for the job title. Job Title: _____ What is the earliest date you could begin work (mo/day/yr.) _____							
Referral Source / Where did you hear about this opportunity? Please indicate your referral source: _____ If you were referred by the Employment Security Commission (Job Service) please indicate which local office: _____							
Education 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 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? YES <input type="checkbox"/> NO <input type="checkbox"/>	S/Q Hrs.	Major/Minor Course Work	Type of Degree Received	
High School							
College(s) University (s)			YES <input type="checkbox"/> NO <input type="checkbox"/>				
Graduate or Professional			YES <input type="checkbox"/> NO <input type="checkbox"/>				
Other educational, vocational school, internships, etc.			YES <input type="checkbox"/> NO <input type="checkbox"/>				
Other relevant work experience, internships, or experiences you would like to highlight:							
Please indicate relevant course work that supports your application for this specific position:							
Interests / Hobbies (optional)				DO NOT COMPLETE THIS BLOCK DEGREES AND PROFESSIONAL CREDENTIALS <input type="checkbox"/> Have been verified <input type="checkbox"/> Will be verified within 90 days			

Licenses and certifications (List, giving dates and sources of issuance):

SKILLS

CHECK the following skills, experiences, etc., which you have:

- | | | | |
|--|--------------------------|---|---|
| <input type="checkbox"/> Driver's License | Number _____ State _____ | <input type="checkbox"/> Microsoft Office Suite | <input type="checkbox"/> Forecasting experience |
| <input type="checkbox"/> Chauffeur's License | Number _____ State _____ | <input type="checkbox"/> Scripting / Programming | <input type="checkbox"/> Meteorological or photochemical modeling |
| <input type="checkbox"/> Car for use at work | | <input type="checkbox"/> Data collection / Surveys | <input type="checkbox"/> Other _____ |
| | | <input type="checkbox"/> Communications or Marketing | <input type="checkbox"/> |
| | | <input type="checkbox"/> Teaching or working with K-12 students | <input type="checkbox"/> |

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. As you describe your work history experiences, make sure you highlight your competencies which demonstrate your qualifications for the position for which you are applying.

Current or Last Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ _____ per	Ending or Current Salary \$ _____ per	Reason for Leaving	May We Contact Employer YES <input type="checkbox"/> NO <input type="checkbox"/>
Date Separated (mo/yr)	List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:			
Full Time Years Months				
Part Time Years Months				
If part time, number of hours worked per week:				
Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ _____ per	Ending or Current Salary \$ _____ per	Reason for Leaving	
Date Separated (mo/yr)	List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:			
Full Time Years Months				
Part Time Years Months				
If part time, number of hours worked per week:				
Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ _____ per	Ending or Current Salary \$ _____ per	Reason for Leaving	
Date Separated (mo/yr)	List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:			
Full Time Years Months				
Part Time Years Months				
If part time, number of hours worked 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 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 may occur if fraudulent disclosures are given to meet position qualifications

Signature of Applicant (unsigned applications will not be processed) _____
Date