



## CLAY COUNTY

### APPLICATION FOR ACADEMY ENTRY

Applications may be emailed to [clarissarogers@clayhdnc.us](mailto:clarissarogers@clayhdnc.us) or hand delivered to Clay County Health Department at, 345 Courthouse Drive, Hayesville, NC 28904.

Fill out your application **COMPLETELY** and to the best of your ability. Your application will be used as part of the examination process and, therefore, should represent your best effort. **Unsigned or incomplete applications will not be considered.**

#### CURRENT INFORMATION:

(1) FULL NAME: \_\_\_\_\_

(2) ADDRESS: \_\_\_\_\_

(3) HOME TEL # (     ) \_\_\_\_\_

MOBILE TEL # (     ) \_\_\_\_\_

(4) Are you 18 or older (   )Yes (   )No If NO, what is your birth date? \_\_\_\_\_

#### GENERAL INFORMATION:

If you need to explain any answer, use the space under EXPLANATIONS near the end of the application.

(5) Are you able to remain dedicated to the program to ensure completion (   ) Yes (   ) No

(6) Do you foresee any barriers to completing the program (   ) Yes (   ) No

If YES, please explain under EXPLAINATIONS.

(7) Did you receive any of your education or employment experience under another name?

(   ) Yes (   ) No If YES, please explain under EXPLAINATIONS.



**EDUCATION:**

(8) Indicate the highest school year completed: (i.e. 8, 12) \_\_\_\_\_

(9) Name of High School \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_

(10) Have you received a high school diploma or equivalent? ( ) Yes ( ) No

Education Beyond High School	Name and Location	Attend From (mo./yr.)	Did you graduate?	Credit Hours	Degree, Diploma, Certified Earned or # of Yrs.	Major Minor
College(s) Universities			Yes No			
Graduate or Professional Schools			Yes No			
Technical Institutes, Internships, Other			Yes No			



**KNOWLEDGE/SKILLS/ABILITIES:**

Please list any knowledge, skills, or abilities you have that you feel are applicable to the Emergency Services Academy Program for which you are applying.

(a) \_\_\_\_\_

(b) \_\_\_\_\_

(c) \_\_\_\_\_

(d) \_\_\_\_\_

(e) \_\_\_\_\_

(f) \_\_\_\_\_

**LICENSES AND CERTIFICATIONS:**

Please list your **VALID DRIVERS LICENSE NUMBER** and the state in which it was issued.

If you do not have a driver's license, please put "NONE" in the blank.

**Number:** \_\_\_\_\_ **State:** \_\_\_\_\_

(11) Is your drivers license a Commercial Driver's License? ( ) Yes ( ) No

If YES, indicate the class: \_\_\_\_\_



**EMPLOYMENT (may list volunteer work here as well):**

Record your complete work history in the spaces below. BEGIN with your current or most recent position. Include military and related volunteer experience. Be sure to account for gaps in your employment history.

A. CURRENT OR MOST RECENT EMPLOYMENT

Job Title	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving:	Starting Salary:	Ending Salary:



B. NEXT MOST RECENT EMPLOYMENT

Job Title	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving:	Starting Salary:	Ending Salary:

C. NEXT MOST RECENT EMPLOYMENT

Job Title	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number



City	State	Zip
Duties:		
Reason for Leaving:	Starting Salary:	Ending Salary:

**EXPLANATIONS:**

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Applicant signature indicates that they have read and understand the information contained on this form and complied with the instructions provided, and have done so truthfully to the best of their knowledge. Also, agreeing that any educational institutions which I attend, to reveal my scholastic ratings, as well as degrees or certificates earned, to Clay County, and associations, registration and licensing boards and to others to furnish whatever detail is available concerning my qualifications.

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Name Date