

# APPLICATION FOR EMPLOYMENT

STATE OF NORTH CAROLINA

Date of Application

Last 4 digits of Social Security No. <b>2297</b>	Last Name <b>BRIAN</b>	First Name <b>KIRSTEN</b>	Middle Name <b>NICHOLE</b>
Address (Street number and name) <b>95 SMITH'S CREEK DRIVE</b>		City <b>CLAYTON</b>	County <b>JOHNSTON</b>
State <b>NC</b>	Zip Code <b>27520-5858</b>	Phone (Home or where you can be reached) <b>(919)-333-2530</b>	Business Phone <b>N/A</b>

<b>Availability</b> Do you now work for the State of NC? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Are you a layoff candidate with the State of N.C. eligible for RIF priority reemployment consideration as described by GS 126: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Notification Date: _____ Are you related by blood or marriage to any person now working for the State <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, give name, relationship to you and the agency where employed.	If subject to Military Selective Service registration, certify compliance by initialing dotted line .....
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**Military Service**  
 Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training?  YES  NO  
 Do you wish to declare a service-connected disability?  YES  NO  
 At the time of this application, are you the surviving spouse or dependent of a deceased veteran who died from service-related reasons?  YES  NO  
 Do you wish to declare eligibility for veterans preference as the spouse of a disabled veteran?  YES  NO  
 Give dates of your (or spouse's) qualifying active military service:  
 Entered: N/A Separated: \_\_\_\_\_ Branch: \_\_\_\_\_ Rank \_\_\_\_\_

**AGENCY USE ONLY: ELIGIBILITY FOR VETERAN'S PREFERENCE:**  YES  NO

CHECK the types of work you will accept:  1. Permanent full-time  2. Permanent part-time  3. Temporary full-time  4. Temporary part-time  
 5. Any of the preceding  6. Work involving Travel  7. Shift or Split Shift Work  
 If you are not available for work now, enter the earliest date you could begin work (mo/day/yr.) 12/19/09  
 Will you accept work anywhere in N.C.?  YES  NO (If no, list below the counties in which you would be willing to work.)  
 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

**Job Applied For**  
 Enter below the specific title and vacancy number of the job for which you are applying.  
 Job Title: FORENSIC FIREARM ANALYST I Vacancy Number: 60090012

**Referral Source**  
 Please indicate your referral source: DOJ JOB POSTING ONLINE  
 If you were referred by the Employment Security Commission (Job Service) please indicate which local office: N/A

**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	BRIAN SCHOOL CLAYTON NC	08/99 12/03	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
College(s) University (s)	WAKE TECHNICAL COMM. RALEIGH NC	08/04 05/07	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	S 76	Core/Transfer	Associate Science
Graduate or Professional	EAST CAROLINA UNIV. GREENVILLE NC	08/07 12/09	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	S 45	Major Biochemistry	minor Chemistry
Other educational, vocational school, internships, etc.	SBI INTERNSHIP	05/08 08/08	YES <input type="checkbox"/> NO <input type="checkbox"/>	—	FIREARMS	—

Special training programs and seminars you have completed in the last five years (list):  
N/A

If the job(s) applied for calls for specific courses, indicate those courses taken and credits received:  
N/A

Current professional status: (List fields of work for which you have been registered)  
 Registration: N/A State: \_\_\_\_\_ No. \_\_\_\_\_  
 Registration: N/A State: \_\_\_\_\_ No. \_\_\_\_\_

Membership in professional, honorary, or technical societies (list): PHI THETA KAPPA, PHI KAPPA PHI NATIONAL DEAN'S LIST ECU DEAN'S & CHANCELLOR'S LIST	<b>DO NOT COMPLETE THIS BLOCK</b> DEGREES AND PROFESSIONAL CREDENTIALS <input type="checkbox"/> Have been verified <input type="checkbox"/> Will be verified within 90 days (G.S. 126-30) Person Responsible:
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