

State of North Carolina Workday Application Content

*Indicates a Required Field**

My Information

*How Did you Hear About Us? **

*Country**

Legal Name

- ☐ First name*
- ☐ Last name*
- ☐ Preferred Name

Address

- ☐ Address line 1*
- ☐ Address line
- ☐ City*
- ☐ State*
- ☐ Postal code*
- ☐ County*

*Email Address**

- ☐ Email address

Phone

- ☐ Phone device type
- ☐ (Mobile/Landline)*
- ☐ Country phone code*
- ☐ Phone number*
- ☐ Phone extension

My Experience

Work Experience

- ☐ Job title*
- ☐ Company*
- ☐ Dates (from / to) *
- ☐ Role description*
- ☐ I currently work here

Education

- ☐ School or University*
- ☐ Degree*
- ☐ Field of study
- ☐ Overall result (GPA)
- ☐ Dates (from / to)

Certifications & Licenses

- ☐ Certification*
- ☐ Certification number
- ☐ Issue date
- ☐ Expiration date
- ☐ Attachment (of certification)

Languages

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- Language*
- I am fluent in this language
- Comprehension*
- Overall*
- Reading*
- Speaking*
- Writing*

Skills

- Add skills

Resume/CV

- Add resume

Statewide Primary Questionnaire

1. Do you want your application to be considered for future vacancies within the same classification series?
2. For the jobs you listed in your work history, were any of the jobs less than 40 hours per week?

Effective July 1, 2025, candidates qualify for a position if they meet the minimum education and experience listed in the class specification. The knowledge, skills, and abilities included in the vacancy announcement are considered management preferences and are used to identify the most qualified applicant pool.

I understand that my application must include a complete work history in the "Work Experience" section, all education in the "Education" section, and any credentials in the "Certificates and Licenses" section. I also understand that a resume cannot be used in place of completing these sections. In addition, I understand that the supplemental questions are part of the application process and that my responses will be used in screening; therefore, all questions must be answered fully and accurately.

3. Last four digits of social security number
4. Are you currently employed by the State of North Carolina?
 - Please indicate the agency/university where you are currently working
5. Are you a layoff candidate with the State of North Carolina eligible for RIF priority reemployment consideration as described by GS 126?
 - Please indicate your date of written notification
6. Are you related by blood or marriage to any person now working for the State?
 - Please provide their name, relationship to you, and the agency where employed.
7. If subject to Military Selective Service registration, certify compliance by indicating below.
8. Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training?
9. Do you wish to declare eligibility for Veterans Preference?
 - Please attach a copy of your DD-214
10. Do you wish to declare eligibility for veterans' preference as the spouse of a disabled veteran?
11. Do you wish to declare eligibility for veterans' preference as the surviving spouse or dependent of a deceased veteran who died for service-related reasons?
12. Do you wish to declare eligibility for veterans' preference as a veteran or spouse of a veteran who suffered a service-connected disability?

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- Please provide the entry and separation dates of your (or spouse's) qualifying active military service, branch of service, and rank. If not applicable, enter N/A.
- 13. Do you wish to declare eligibility for National Guard preference?
- 14. Do you wish to declare eligibility for National Guard Preference as a resident of North Carolina who is a current member in good standing of either the North Carolina Army National Guard or the North Carolina Air National Guard?
 - Please attach a copy of the NGB 23A (RPAS)
- 15. Do you wish to declare eligibility for National Guard Preference and are a resident of North Carolina who is a former member of either the North Carolina Army National Guard or the North Carolina Air National Guard, whose discharge is under honorable conditions with a minimum of six years of creditable service?
 - Please attach a copy of the DD256 or NGB 22
- 16. Do you wish to declare eligibility for National Guard preference as the surviving spouse or dependent of a member of the North Carolina Army National Guard or the North Carolina Air National Guard who died on State active duty either directly or indirectly as a result of that service?
- 17. Do you wish to declare eligibility for National Guard preference as the surviving spouse or dependent of a member of the North Carolina National Guard who died for service-related reasons during peacetime?
- 18. Do you wish to declare eligibility for National Guard preference as the surviving spouse or dependent of a member of the North Carolina Army National Guard or the North Carolina Air National Guard who died on State active duty either directly or indirectly because of that service?
- 19. Are you able to work weekends, holidays, and evening hours?
- 20. 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.

Voluntary Disclosures*

*Terms and Conditions**

- By clicking on the 'accept' button, I certify that I have given true, accurate and complete information on this form. I acknowledge that by applying for this position, my application and profile will be maintained in the State's application tracking system and will only be available to authorized individuals across all state agencies with security to review applications. 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 lack of disclosure of relevant information may be grounds for rejection of my application, disciplinary action up to and including dismissal if I am employed. I further understand that dismissal upon employment shall be mandatory if the applicant discloses false or misleading information to meet position qualifications. *
- ☐ I consent.

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Self-Identity*

Language*

Choose language

Voluntary Self-Identification of Disability*

- Form: CC-305
- OMB control number: 1250-0005
- Expires: 04/30/2026
- Name:
- Employee ID (if applicable):
- Date:

Why are you being asked to complete this form? *

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunities to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years. Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability? *

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. Disabilities include, but are not limited to:

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorders, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia,
- dyspraxia, and other learning disabilities

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- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check one of the boxes below:*

- ☐ Yes, I have a disability, or have had one in the past
- ☐ No, I do not have a disability and have not had one in the past
- ☐ I do not want to answer

Change Personal Information*

Please provide your date of birth, this is used for State and Federal reporting and not shared with anyone

- Date of Birth
- Hispanic or Latino
- Race/Ethnicity
- Gender