Application

**For Employment** smart start

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**Wilson County Partnership for Children**

109 Park Avenue, P.O. Box 2661, Wilson, NC 27894 Phone: (252) 206-4235, Fax: (252) 206-4245

# Personal Information

Position(s) Applied For: \_

Name

Last First Middle Preferred

*I I*

---Date ---

Address

Street City State ZIP

Phone

Home Cell Business

# Recruitment Source

How did you learn of this position?

* Newspaper ad
* Internet job ad service
* NCPC's website
* Referred by WCPC employee (name) \_
* Employment agency
* Employment Security Commission
* Self-knowledge
* Other '

# Applicant Certification Statement & Authorization for Release of Information

**Wilson County Partnership for Children**

## *Please read carefully:*

I understand that neither the acceptance of this appllca\lon nor the subsequent entry into any type of employment relationship, either In the position applied for .or any other position, and regardless of the contents of employee handbooks, personnel m,muals, benefit plans, policy statements, and the like as they may exist from tlme to lime, or other organizational practices, shall serve to create an actual or Implied contract of employment, or to confer any right to remain' an employee of the Wilson County Partnership for Children, or otherwise to change In any respect the employment-at will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Executive Director of the organization. Both the undersigned and the Wilson County Partnership for Children may end the employment relationship at any time, without .specified notice or reason. If employed, I understand that the organization may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I understand that this application will be active for a period of one year; after that time, if I wish to be considered for employment, I must submit a new application.

I hereby authorize the Wilson County Partnership for Children and its agents to conduct a background investigation in order to assess my eligibility for a position requiring reliability and trustworthiness, I understand that the investigation may lnc\_lude verification of past employment, education, criminal record check, and opinions of reference.

I hereby authorize all individuals, educational Institutions, firms, and others named herein, except my current employer if so noted, who may have information relevant to this background Investigation to disclose it and to furnish whatever detail is available concerning my qualifications (including photocopies where requested) to the Wilson County Partnership for Children or their agents. I release all persons from liability on account of such disclosure.

I authorize that a photocopy of my signature below may be used to obtain information regarding the investigation. This authorization is valid for a period of one (1) year or until employment is terminated whichever occurs first.

I certify that I have given true, accurate and complete information (appllcallcin, resume, work history, education, skills, etc.) to the best of my knowledge. I authorize investigation of all statements made in this application and understand that r1ny misstatement or omission of material facts will be grounds for disqualification in the selection process or if hired, grounds for discharge. I expressly waive any right I may have to review material or information received from a previous employment or education institution under a promise of confidentiality.

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Signature *(unsigned applications will not be processed)* Social Security No.

*(Required for background check purposes)*

Date

# Employment History

Start with your present or last job. Account for at least the past 10 years. Explain any gaps in employment history, including periods of unemployment and unpaid work experience. Include relevant experience or prior WCPC experience more than 10 years old. Include job-related volunteer or military service assignments.

|  |  |  |
| --- | --- | --- |
| Employer | Dates Emoloyed | Work Performed |
| From | To |  |
| Address |
| Telephone Number | Hourly Rate/Salary |
| Starting | Final |
| Job Title |  | ISupervisor |
| Reason for Leaving |
| Employer | Dates Employed | Work Performed |
| From | To |  |
| Address |
| Telephone Number |  |  | Hourly Rate/Salary |
| Starting | Final |
| Job Title |  | Supervisor |
| Reason for Leaving |
| Employer | Dates Emoloved | Work Performed |
| From | To |  |
| Address |
| Telephone Number | Hourly Rate/Salary |
| Starting | Final |
| Job Title |  | ISupervisor |
| Reason for Leaving |
| Employer | Dates Emoloved | Work Performed |
| From | To |  |
| Address |
| Telephone Number | Hourly Rate/Salarv |
| Starting | Final |
| Job Title |  | ISupervisor |
| Reason for Leaving |
| Employer | Dates Emoloyed | Work Performed |
| From | To |  |
| Address |
| Telephone Number |  |  | Hourly Rate/Salary |
| Starting | Final |
| Job Title |  | Supervisor |
| Reason for Leaving |

*If* ***additional space is needed, continue* on *a separate sheet* of *paper..***

# General Information

What is your desired salary/pay? $ \_

Have you ever filed an application with us before? n Yes n No If "yes," give date\_/\_/\_

Have you ever been employed with us before? n Yes *n* No If "yes," give dates From\_/\_/\_To\_/\_/\_

Is there any information we would need about your name, or use of another name, for us to be able to check your work and educational record? n Yes n No Please specify

Do you have any relatives who are employed by this organization? nYes n No Please specify \_

On what date are you available for employment? / / Can you travel if required by this position? n Yes n No

Full-time? n Yes *n* No Part-time n Yes n No Are you available to work overtime? *n* Yes n No

Do you have a valid driver's license? License No.

*n* Yes *n* No Class \_

If "yes," complete the following: State Date of Issue Date to Expire

Are you under 18 years of age? *n* Yes *n* No If so, can you provide required proof of your eligibility to work? nYes n No Are you legally authorized to work in the United States? *Proof of work authorization will be required upon employment.* nYes n No Have you been convicted of a crime? *Conviction will not necessarily disqualify an applicant from employment.* nYes n No

If "yes," please explain \_

**Business References** *(Do not list relatives.)*

Are you currently employed? nYes n No If "yes," may we contact your present employer? nYes n No

1.

Company Name Phone

Contact Person Business Association/Relationship

1.

Company Name Phone

Contact Person Business Association/Relationship

1.

Company Name Phone

Contact Person Business Association/Relationship

# Education

Circle the highest year of formal education completed:

1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 5 6 7 8 Other 1 2 3 4

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Level | Name & Location of School | AttendedFrom To | Years Completed | Diploma/Degree | Major |
| High School |  |  |  |  |  |
| Undergraduate |  |  |  |  |  |
| Graduate |  |  |  |  |  |
| Other(Internship, etc,) |  |  |  |  |  |
| Additional Information: |

|  |
| --- |
| If your education includes courses specifically related to a position sought, please indicate these courses below. |
| Subject | Credits | Grade |  | Subiect | Credits | Grade |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Are you currently enrolled in school? 1tYes 1t No If "yes," name of school? and course of study? \_

# Licensure or Certification

List fields of work for which you are licensed, registered, or certified giving date(s), source(s) of issuance, and number(s):

# Other Skills and Qualifications

Please list any skills and abilities you wish considered. Include skills with equipment or machines you operate, special computer knowledge, job-related training and other qualifications. If you wish consideration for a secretarial position, indicate speeds for typing and shorthand.

# Trade, Professional, and Civic Organizations

List professional, trade, business or civic activities and office(s) held.

*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:*

## *Thank you for interest in the Wilson County Partnership for Children as a potential employer!*

**We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, veteran status, or any other legally protected status. We assure you that your opportunity for employment with this organization depends solely on your qualifications.**

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