

Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any legally protected status.

(PLEASE PRINT)

Last Name First Na	First Name		Middle Name				
Address Number Street	City	Cour	nty State		Zip		
Telephone Number(s) (h) (c)			Position(s) Applied				
E-mail Address			Date of Applicatio	n			
How did you learn about us? Advertisement □ Friend □ Employment Agency □ Relative □	Referred ByOther □						
If the job requires it, and you receive training as ☐ using the toilet ☐ dressing ☐ bathing ☐ changing undergarmed ☐ transferring to/from a wheel chair ☐ provide transportation for an individual with	ents due to inco	ontinen	ce			th:	
Can you work in a household with pets? Can you work 8 hours without having to smoke?	?			Yes Yes	No No		
We communicate with our employees through e to access e-mail weekly?		willing	9	Yes	No		
Best time to contact you is: Do any of your friends or relatives, other than sp If yes, state relationship, and department:				Yes	<u>No</u>	AM I	PM
Are you currently employed?				Yes	No		
May we contact your present employer?				Yes	No		
Are you prevented from lawfully becoming emp because of Visa or immigration status? Proof of citizenship or im		•	be required upon	Yes	No ment		
Date available for work//			salary range?				
Are you available to work? □Full-Time (8-	-4) □P	art-Tin	ne (3-7) □W	eek-end	s		
Have you ever been convicted of breaking a law If yes, please give the date and explain fully on a				ce is nee	ded:	Yes	No
Have you ever had a Department of Social Servi If yes, list county/state, date and explain fully or					eeded:	Yes	No
Have you lived in North Carolina for the past 5	years?					Yes	No

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Application for Employment

Circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4

EDUCATION	Name and Address of	Course of	Dates	Diploma/Degree
	School	Study	Attended	
High School				
Undergraduate College or University				
Graduate/Professional				
Business/Trade/Technical School				

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected

WORK EXPERIENCE COVERING AT LEAST THE PAST 10 YEARS

Current or Last Employer	Dates Er	nployed	Work Performed		
	From (mo/yr)	To (mo/yr)			
Address					
Telephone Number(s)	Hourly Ra	nte/Salary			
Starting/Present Job Title	Starting	Final			
			☐ Full Time	Years	Months
Supervisor's Name			☐ Part Time	Years	Months
Reason for Leaving	-		If part time, number of	f hours per we	ek
		nployed	Work Performed		
	From (mo/yr)	To (mo/yr)			
Address					
Telephone Number(s)	Hourly Ra	nte/Salary			
Starting/Present Job Title	Starting	Final			
			☐ Full Time	Years	Months
Supervisor's Name			☐ Part Time	Years	Months
Reason for Leaving	-		If part time, number of	f hours per we	ek
Employer	Dates Employed		Work Performed		
	From (mo/yr)	To (mo/yr)	1		
Address					
Telephone Number(s)	Hourly Ra	nte/Salary			
Starting/Present Job Title	Starting	Final			
			☐ Full Time	Years	Months
Supervisor's Name			☐ Part Time		
Reason for Leaving			If part time, number of	f hours per we	ek
We may contact the employers list above unless you indicate		DO NOT CONTACT			
those you do not want us to contact.		Employer Number(s) Reason			



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Employer	Employer Dates Employed		Work Performed			
Employer	From (mo/yr)					
Address		2 3 (2220, 52)				
Telephone Number(s)	Hourly Ra	te/Salary				
Starting/Present Job Title	Starting	Final				
			☐ Full Time	Years	Months	
Supervisor's Name			☐ Part Time	Years	Months	
Reason for Leaving			If part time, number			
Employer	Dates Em	nloved	Work Performed			
Employer	From (mo/yr)		- WOLK I CHIOLINGU			
Address	Trom (mo/yr)	TO (IIIO/ y1)				
Telephone Number(s)	Hourly Ra	to/Salary				
Starting/Present Job Title	Starting	Salal y				
Starting/1 resent 300 True	Starting		☐ Full Time	Vacre	Months	
Supervisor's Name			Part Time	Years	Months	
Reason for Leaving	<u> </u>		If part time, number		eek	
Employer	Dates Em		Work Performed			
	From (mo/yr)	To (mo/yr)				
Address						
Telephone Number(s)	Hourly Ra					
Starting/Present Job Title	Starting	Final				
			☐ Full Time		Months	
Supervisor's Name			☐ Part Time	Years	Months	
Reason for Leaving			If part time, numb	er of hours per w	veek	
We may contact the employers list above	unless vou indicate		•	OT CONT		
those you do not want us to contact.		Employer Num		Reason	7101	
		Employer rvan	1001(5)	Reason		
Please include explanation of any	y gaps in employm	ent.				
Describe any specialized training			st aid, CPR, CD	A, ITS-SIDS,	etc.),	
apprenticeship, skills, and extrac	urricular activitie	S				
<u> </u>						
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Describe any job-related training received in the United States Military.						
	trade, business or civic activit					
You may exclude organization	ons which indicate race, color, religion, gender	r, national origin, disabilities or other protecte	d Status.			
ADDITIONAL IN	FORMATION					
_	also any computer skills, computer p		tions acquired from employment or at you may have proficiency using			
) NOT ANSWER THIS QUESTION F THE JOB FOR WHICH YOU AR		FORMED ABOUT THE			
~	ole of performing in a reasonable mo		accommodation, the activities			
~	occupation for which you have applic	ed? A review of the activities invol	ved in such a job or occupation has			
been given.		YES NO				
PERSONAL/PRO	FESSIONAL REFERENCES	S Do not include family	members or past supervisors.			
Name						
Relationship						
Phone number(s)						
E-mail						
Best time to reach						
		•				

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.



Application for Employment

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I give permission to Stevens Center to contact my past employers and waive my right to see the reference.

I authorize the Stevens Center to perform a criminal background check as part of this application process.

In the event of employment, I understand that if the Stevens Center discovers that I have intentionally given false answers or statements, or intentionally omitted correct and pertinent information in this employment application or in any document used to secure employment or advance employment, regardless of the time elapsed before discovery. I may be subject to discipline, change of employment status, reassignment, or termination.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of "at will" nature, which means that the Employee may resign at any time, and the Employer may discharge Employee at any time with or without cause.

STEVENS CENTER IS A DRUG-FREE WORK ZONE

I understand that pre-employment drug screening and periodic unannounced drug screening are required for employment. Initial and continued employment is contingent on the results of drug screening.

Printed Name of Applicant	
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Signature of Applicant	Date