

EMPLOYMENT APPLICATION

POSITION: _____

SALARY: _____

DATE OF APPLICATION: / /

DATE AVAILABLE: / /

The information requested in this application is intended to obtain the information Alamance County Community Services Agency, Inc. needs to determine whether you meet the requirements for the position for which you are applying. The Agency is an equal opportunity employer that recruits, hires, trains, and promotes in all job titles without regard to race, color, creed, national origin, gender, pregnancy, sexual orientation or preference, marital status, sex, religion, age, military service, or disability or handicap.

Have you ever applied for a position with this Agency? Yes ___ No ___ If yes, please answer the following: Position: _____ Date of Application: ____/____/____	Have you ever worked for the Agency before? Yes ___ No ___ If yes, please answer the following: Position: _____ Dates of Employment: ____/____/____ to ____/____/____
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PERSONAL INFORMATION

Name: _____

Address: _____

Street _____

City _____ State _____ Zip _____

Telephone Number _____ Social Security Number _____

If you are hired, can you provide proof that you are legally entitled to work in the United States?

Yes ___ No ___

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EDUCATION

Dates Attended		Name of School (High School, College, Other)	Course of Study (Majors and Degrees)
From	To		

MILITARY SERVICE DATA

Have you ever served in the U.S. Armed Forces? Yes ___ No ___

If yes, please give dates of service: From: ___ / ___ / ___ / To: ___ / ___ / ___

List special skills/abilities acquired:

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EMPLOYMENT HISTORY

Please list all previous employers (most recent first)

Employer's Name			Type of Firm
Employer's Address			
Title	Supervisor	Date Started	Date Left
Reason for Leaving			Salary

Employer's Name			Type of Firm
Employer's Address			
Title	Supervisor	Date Started	Date Left
Reason for Leaving			Salary

Employer's Name			Type of Firm
Employer's Address			
Title	Supervisor	Date Started	Date Left
Reason for Leaving			Salary

Employer's Name			Type of Firm
Employer's Address			
Title	Supervisor	Date Started	Date Left
Reason for Leaving			Salary

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REFERENCES

List (with address and phone number) the names of three persons familiar with your character, ability or education for more than one year. Please do not include friends or relatives.

1 Name Phone #

Address

2 Name Phone #

Address

3 Name Phone #

Address

THIS APPLICATION DOES NOT CONSTITUTE A WRITTEN EMPLOYMENT AGREEMENT.

IN THE EVENT THAT THE APPLICANT AGREES TO ACCEPT A POSITION WITH THE COMPANY, THE APPLICANT AGREES THAT THE EMPLOYMENT RELATIONSHIP BETWEEN THE COMPANY AND THE EMPLOYEE IS AN AT-WILL RELATIONSHIP AND THAT THE EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT THE OPTION OF EITHER THE COMPANY OR THE EMPLOYEE.

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT. IF THE COMPANY DETERMINES THAT ANY OF THE INFORMATION SUBMITTED IN THIS APPLICATION IS FALSE, I SHALL BE IMMEDIATELY DISQUALIFIED FROM CONSIDERATION FOR EMPLOYMENT AND/OR DISCHARGED FROM EMPLOYMENT IN ACCORDANCE WITH COMPANY POLICY.

I HEREBY GRANT PERMISSION TO THE COMPANY TO INVESTIGATE THE INFORMATION CONTAINED IN THIS APPLICATION AND RELEASE THE COMPANY AND AGENCY OR OTHER PERSONS ACTING ON BEHALF OF THE COMPANY FROM ANY AND ALL LIABILITY RELATING TO ANY INVESTIGATION OF THE INFORMATION CONTAINED IN THIS APPLICATION.

Signature of Applicant

Date