



Application for Employment

- ☐ Full-time
☐ Summer
☐ Co-op
☐ Internship
☐

Date	Position(s) Sought

General Information

Last	First, Middle
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Permanent Address	No.	Street	Tel. (Home)
	City	State	Tel. (Cell)
	Zip Code	E-mail	

Emergency Contact	Last	First, Middle
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Address (if different from above)	No.	Street	Tel. (Home)
	City	State	Tel. (Cell)
	Zip Code	E-mail	

Are you legally eligible to accept employment in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>	When are you available to start work?
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Education

Education. Begin with most recent.	Name and Location	Discipline or Program (Major)	Degree/Diploma/Certificate	Date obtained or expected

G.P.A. for your most recently completed academic year on a scale of (Percentage or letter equivalent:).

G.P.A. for all courses completed to date (cumulative average) on a scale of (Percentage or letter equivalent:).

Highlight skills relevant to the position(s) sought.

WORK HISTORY (include volunteer experience) Use Additional Sheets if Necessary

Current or Last Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Reason for Leaving	May We Contact Employer YES <input type="checkbox"/> NO <input type="checkbox"/>		
Date Separated (mo/yr)	List major duties in order of their importance in the job:			
Full Time Years Months				
Part Time Years Months				
If part time, number of hours worked per week:				
Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Reason for Leaving			
Date Separated (mo/yr)	List major duties in order of their importance in the job:			
Full Time Years Months				
Part Time Years Months				
Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Reason for Leaving			
Date Separated (mo/yr)	List major duties in order of their importance in the job:			
Full Time Years Months				
Part Time Years Months				
Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Reason for Leaving			
Date Separated (mo/yr)	List major duties in order of their importance in the job:			
Full Time Years Months				
Part Time Years Months				
If part time, number of hours worked per week:				
<p>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. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications (Authority: G.S. 126-30, G.S. 14-122.1.)</p> <p>X</p> <p>_____ Signature of Applicant (unsigned applications will not be processed)</p> <p>_____ Date</p>				