

APPLICATION FOR EMPLOYMENT
JOHNSTON-LEE-HARNETT COMMUNITY ACTION, INC.
1102 MASSEY STREET, POST OFFICE DRAWER 711 SMITHFIELD NC 27577

Date _____

PERSONAL INFORMATION

Social Security Number _____

Name _____

(Please Print) Last First Middle

Address _____

Number/Street City State Zip Code

Telephone: () _____ Email Address: _____

Are you 18 years of age or older? Yes No Gender Male Female

If hired, can you provide written evidence that you are authorized to work in the United States? Yes No

Are you related by birth, marriage or adoption to any JLHCA, INC. employee? Yes No

Name of relative _____

Are you related by birth, marriage or adoption to any JLHCA, INC. Board member? Yes No

Name of relative _____

Have you ever been employed with us previously? Yes No

If yes, please specify: _____
When Location

Are you available for full-time employment? Yes No If no, # of hours you can work _____

Because our work sometimes requires flexible hours, can you work such a schedule? Yes No

Have you ever been *convicted* of a crime, other than minor traffic violations? Yes No

If Yes, please specify: _____

How were you referred to our agency? _____

EMPLOYMENT DESIRED

Position: _____ Salary Expectation: _____

Date you can start: _____

EDUCATION

<u>School</u>	<u>Name and Location of school</u>	<u>Course Of Study</u>	<u>Years Completed</u>	<u>Degree/ Diploma</u>
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Grammar School _____

High School _____

College _____

Technical/Other _____

EMPLOYMENT RECORD

(Please give accurate, complete full-time and part-time employment information. List your last three jobs, starting with the most recent on first.)

1. _____
Company Name and Address

Name of Supervisor and Telephone Number

From (Date of Employment)	To	Pay	Reason for Leaving
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Kind of Work (Job Title)

Brief Description of Your Job

2. _____

Company Name and Address

Name of Supervisor and Telephone Number

From (Date of Employment)	To	Pay	Reason for Leaving
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Kind of Work (Job Title)

Brief Description of Your Job

3. _____

Company Name and Address

Name of Supervisor and Telephone Number

From (Date of Employment)	To	Pay	Reason for Leaving
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Kind of Work (Job Title)

Brief Description of Your Job

Please list any additional information that relates to your ability to perform the job for which you have applied, such as licenses, professional memberships, special skills, etc.

Can we contact your current employer regarding your employment? ___ YES ___ NO

PROFESSIONAL REFERENCES (Do Not Include Relatives)

1. _____

Name/Address	Occupation	Telephone #
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2. _____

Name/Address	Occupation	Telephone #
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3. _____

Name/Address	Occupation	Telephone #
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APPLICANT'S STATEMENT

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by J LHCA, Inc. Board of Directors. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand this application will be active for a period of 90 days. After that time, if I wish to be considered for employment, I must submit a new application.

I understand that the employer may thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I understand that, if hired, I will be required to submit to alcohol/drug testing on pre-employment, post-accident, random and/or "for cause" basis.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Signature: _____ **Date:** _____