APPLICATION FOR EMPLOYMENT JOHNSTON-LEE-HARNETT COMMUNITY ACTION, INC.

1102 MASSEY STREET, POST OFFICE DRAWER 711 SMITHFIELD NC 27577

PERSONAL INFORMATION			Date Social Security Number		
Name					
(Please Print)	Last	First		Middle	
Address	Number/Street	City	State		p Code
		•			
Telephone (Email Address:		
Are you 18 yes	ars of age or older?	Yes No		Gender Ma	le Female
If hired, can y	ou provide written ev	idence that you are autho	orized to work in the	United States? Ye	esNo
Are you relate	ed by birth, marriage	or adoption to any JLHC	A, INC. employee?	Yes No	
Name of relati	ive				
Are you relate	ed by birth, marriage	or adoption to any JLHC	A, INC. Board meml	ber? _Yes _No	
Name of relati	ive				
	specify:	us previously? Yes			
	When	1	Location		
Are you availa	able for full-time emp	loyment? Yes No	If no, # of hours y	ou can work	
Because our w	vork sometimes requi	res flexible hours, can you	ı work such a schedu	le? Yes No	
•		rime, other than minor tr		Yes No	
How were you	ı referred to our agen	ey?			
EMPLOYMENT DESIRED Position:			Salary Expectat	ion:	
Date you can	start:				
EDUCATION School		d Location of school	<u>Course</u> Of Study	<u>Years</u> Completed	Degree/
Grammar Scho	ool		Of Study	Completed	<u>Diploma</u>
High School					
College					
Technical/Othe	er				

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				
	Kind of Work (Job Title)						
	Brief Description of Your Job						
2.							
	Company Name and Address						
	Name of Supervisor and Telephone N	umber					
	From (Date of Employment) To	Pay	Reas on for Leaving				
	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	Reas on for Leaving				
	Kind of Work (Job Title)						
	Brief Description of Your Job						
Pleas	se list any additional information that renberships, special skills, etc.	lates to your ability to perform the job for	which you have applied, suc	h as licenses, professional			
Can	n we contact your current employ	er regarding your employment?	YES NO				
PRO	OFESSIONAL REFERENCES (1	Oo Not Include Relatives)					
1.	Name/Address	Occupatio		Telephone #			
2.	rame/Audi CSS	Оссирано		1 стерноне <i>п</i>			
	Name/Address	Occupation	n ·	Telephone #			
3.	Name/Address	Occupation	on	Telephone #			

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 JLHCA, 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: