





1576 Kelly Drive • Sanford, NC 27330 • 919-776-4048

## 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 School	Course of Study	Dates Attended	Diploma/Degree
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 Employed		Work Performed
	From (mo/yr)	To (mo/yr)	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	<input type="checkbox"/> Full Time ____ Years ____ Months <input type="checkbox"/> Part Time ____ Years ____ Months
Supervisor's Name			
Reason for Leaving	If part time, number of hours per week ____		
Employer	Dates Employed		Work Performed
	From (mo/yr)	To (mo/yr)	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	<input type="checkbox"/> Full Time ____ Years ____ Months <input type="checkbox"/> Part Time ____ Years ____ Months
Supervisor's Name			
Reason for Leaving	If part time, number of hours per week ____		
Employer	Dates Employed		Work Performed
	From (mo/yr)	To (mo/yr)	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	<input type="checkbox"/> Full Time ____ Years ____ Months <input type="checkbox"/> Part Time ____ Years ____ Months
Supervisor's Name			
Reason for Leaving	If part time, number of hours per week ____		
We may contact the employers list above unless you indicate those you do not want us to contact.		<b>DO NOT CONTACT</b>	
		Employer Number(s)	Reason



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Employer	Dates Employed		Work Performed
	From (mo/yr)	To (mo/yr)	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
			<input type="checkbox"/> Full Time ____ Years ____ Months
Supervisor's Name			<input type="checkbox"/> Part Time ____ Years ____ Months
Reason for Leaving			If part time, number of hours per week ____
Employer	Dates Employed		Work Performed
	From (mo/yr)	To (mo/yr)	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
			<input type="checkbox"/> Full Time ____ Years ____ Months
Supervisor's Name			<input type="checkbox"/> Part Time ____ Years ____ Months
Reason for Leaving			If part time, number of hours per week ____
Employer	Dates Employed		Work Performed
	From (mo/yr)	To (mo/yr)	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
			<input type="checkbox"/> Full Time ____ Years ____ Months
Supervisor's Name			<input type="checkbox"/> Part Time ____ Years ____ Months
Reason for Leaving			If part time, number of hours per week ____
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		Employer Number(s)	Reason

**Please include explanation of any gaps in employment.**

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**Describe any specialized training in the last 3 years (such as first aid, CPR, CDA, ITS-SIDS, etc.), apprenticeship, skills, and extracurricular activities**

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### Application for Employment

Describe any job-related training received in the United States Military.

Empty box for describing job-related training received in the United States Military.

List Professional, trade, business or civic activities and offices held.

You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected Status.

Empty box for listing professional, trade, business or civic activities and offices held.

### ADDITIONAL INFORMATION

**Other Qualifications** Summarize special job-related skills and qualifications acquired from employment or other experience. List also any computer skills, computer programs, and office machinery that you may have proficiency using that relates to your employment with us.

Empty box for providing additional information regarding other qualifications.

Note to applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

YES NO

### PERSONAL/PROFESSIONAL REFERENCES

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.



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### **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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date