APPLICATION FOR EMPLOYMENT
WAYNE ACTION GROUP FOR ECONOMIC SOLVENCY, INC.
601 Royall Ave., Goldsboro, NC 27534
AN EQUAL OPPORTUNITY EMPLOYER

Date ___________________

PERSONAL INFORMATION

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

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 WAGES employee? __ Yes __ No

Are you related by birth, marriage or adoption to any WAGES Board member? __ Yes __ No

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

<table>
<thead>
<tr>
<th>School</th>
<th>Name and Location of school</th>
<th>Course Of Study</th>
<th>Years Completed</th>
<th>Degree/Diploma</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grammar School</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High School</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>College</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Revised 1/30/2017
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 Number
   From (Date of Employment) To Pay Reason 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 Reason for Leaving
   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

SERVICE IN U.S. ARMED SERVICES
Branch of Service __________________ From __________________ To __________________
Rank and Type of Service

Training/Experience Received

PROFESSIONAL REFERENCES (Do Not Include Relatives)

1. ________________________________________________________________________________________________
   Name/Address          Occupation          Telephone #

2. ________________________________________________________________________________________________
   Name/Address          Occupation          Telephone #

3. ________________________________________________________________________________________________
   Name/Address          Occupation          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 the WAGES 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: ________________________________

Applicants – Please Do Not Write Below This Line

Interviewed by (1) _______________________________ (2) _______________________________ Date: _______________________________

Hired: ___ Yes   ___ No  Position: _______________________________ Dept. /Program: _______________________________

Starting Date: _______________________________ Rate of Pay: _______________________________ Classification _______________________________

Remarks: _______________________________

Approval by (1) _______________________________ (2) _______________________________ (3) _______________________________

Human Resources         Supervisor/Program Director         Executive Director

Revised 1/30/2017