

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

PERSONAL INFORMATION

Date _____

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 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

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

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