

## EMPLOYMENT APPLICATION

3711-C University Drive  
Durham North Carolina 27707

225-F South Madison Blvd.  
Roxboro, NC 27513

*All potential inquires are evaluated without regard to race, color, religion, gender, national origin, age, marital status or veteran status, the presence of non-job related handicap or any other legally protected status.*

Date of Application: \_\_\_\_\_

Position Sought: \_\_\_\_\_

How Did You Learn Of This Position? \_\_\_\_\_

### APPLICANT

<b>NAME:</b>	<b>HOME PHONE:</b>	<b>CELL PHONE:</b>
<b>ADDRESS (INCLUDE CITY, STATE, ZIP CODE):</b>	<b>EMAIL ADDRESS:</b>	
	<b>DESIRED/WAGE SALARY:</b>	
	<b>WHEN ARE YOU AVAILABLE?</b>	
<b>DRIVER'S LICENSE NUMBER/STATE:</b>	<b>SSN:</b>	<b>DATE OF BIRTH:</b>

Have you ever been convicted of an offense against the law other than a minor traffic violation?

Yes or  No

If yes, please explain the circumstances:

### EDUCATION HISTORY

	CITY, STATE	YEARS ATTENDED	DID YOU GRADUATE	DEGREE RECEIVED
HIGH SCHOOL		From _____ To _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
UNDERGRADUATE SCHOOL		From _____ To _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
GRADUATE SCHOOL		From _____ To _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
VOCATIONAL SCHOOL		From _____ To _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Other training, certifications, or license held (i.e. First Aid, CPR, NCI, LPC, LCSW)

**WORK EXPERIENCE**

<b>EMPLOYER:</b>	
<b>POSITION HELD:</b>	
<b>CITY/STATE:</b>	
<b>DATES OF EMPLOYMENT:</b>	From _____ To _____
<b>STARTING/ENDING SALARY:</b>	Starting _____ Ending _____
<b>DUTIES PERFORMED:</b>	
<b>REASON FOR LEAVING:</b>	

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<b>DUTIES PERFORMED:</b>	
<b>REASON FOR LEAVING:</b>	

**LIST OTHER INFORMATION  
PERTINENT TO THE  
EMPLOYMENT YOU ARE  
SEEKING**


**PLEASE LIST THREE PROFESSIONAL REFERENCES (TWO PROFESSIONAL /ONE PERSONAL)**

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Professional       Personal

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Professional       Personal

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Professional       Personal

**Have you ever been voluntarily terminated or asked to resign from any position of employment?**

Yes or  No

**If yes, please explain the circumstances:**

## ACKNOWLEDGEMENT AND AUTHORIZATION

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at a decision.

This application for employment shall be considered active for a period of time not to exceed forty-five (45) days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview (s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_