

Application For Employment



Received by DCPC ____/____/____
Duplin County Partnership for Children
PO Box 989, Kenansville, NC 28349
Phone: (910) 296-2000, Fax: (910) 296-1497

Personal Information

Position(s) Applied For: _____

Name _____ / ____ / ____
Last First Middle Preferred Date

Address _____
Street City State ZIP

Phone _____
Home Cell Business

Recruitment Source

How did you learn of this position?

- Newspaper ad _____ (name)
- Internet job ad service _____ (name)
- Referred by DCPC employee _____ (name)
- Employment Agency _____ (name)
- Employment Security Commission
- Self-knowledge
- DCPC's website through random visit
- Other _____

Applicant Authorization for Release of Information & Certification Statement Duplin County Partnership for Children

Please read carefully:

I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other organizational practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Duplin County Partnership for Children, or otherwise to change in any respect the employment-at will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Executive Director of the organization. Both the undersigned and the Duplin County Partnership for Children may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the organization may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I understand that this application will be active for a period of one year; after that time, if I wish to be considered for employment, I must submit a new application.

I hereby authorize the Duplin County Partnership for Children and its agents to conduct a background investigation in order to assess my eligibility for a position requiring reliability and trustworthiness. I understand that the investigation may include verification of past employment, education, criminal record check, and opinions of reference. Prior to a third-party background-check agency being used, I will be asked to sign a separate disclosure authorization.

I hereby authorize all individuals, educational institutions, firms, and others named herein, except my current employer if so noted, who may have information relevant to this background investigation to disclose it and to furnish whatever detail is available concerning my qualifications (including photocopies where requested) to the Duplin County Partnership for Children or their agents. I release all persons from liability on account of such disclosure.

I authorize that a photocopy of my signature below may be used to obtain information regarding the investigation. This authorization is valid for a period of one (1) year or until employment is terminated whichever occurs first.

I certify that I have given true, accurate and complete information (application, resume, work history, education, skills, etc.) to the best of my knowledge. I authorize investigation of all statements made in this application and understand that any misstatement or omission of material facts will be grounds for disqualification in the selection process or if hired, grounds for discharge. I expressly waive any right I may have to review material or information received directly from a previous employment or education institution under a promise of confidentiality.

Signature (unsigned applications will not be processed)

_____/_____/_____
Date

Employment History

Start with your present or last job. Account for at least the past 10 years. Explain any gaps in employment history, including periods of unemployment and unpaid work experience. Include relevant experience or prior DCPC experience more than 10 years old. Include job-related volunteer or military service assignments.

Employer	Dates Employed		Work Performed
Address	From	To	
Phone Nos.	Hourly Rate/Salary		
Job Title	Starting	Final	
Supervisor	Reason for Leaving		
Employer	Dates Employed		Work Performed
Address	From	To	
Phone Nos.	Hourly Rate/Salary		
Job Title	Starting	Final	
Supervisor	Reason for Leaving		
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Phone Nos.	Hourly Rate/Salary		
Job Title	Starting	Final	
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Employer	Dates Employed		Work Performed
Address	From	To	
Phone Nos.	Hourly Rate/Salary		
Job Title	Starting	Final	
Supervisor	Reason for Leaving		

If additional space is needed, continue on a separate sheet of paper.

General Information

What is your desired salary/pay? \$ _____

Have you ever filed an application with us before? Yes No If "yes," give date ___/___/___

Have you ever been employed with us before? Yes No If "yes," give dates From ___/___/___ To ___/___/___

Is there any information we would need about your name, or use of another name, for us to be able to check your work and educational record? Yes No Please specify _____

Do you have any relatives who are employed by this organization? Yes No Please specify _____

On what date are you available for employment? ___/___/___ Full-time? Yes No Part-time Yes No

Can you travel if required by this position? Yes No Are you available to work overtime? Yes No

Do you have a valid driver's license? Yes No If "yes," give number and issuing state _____

Are you under 18 years of age? Yes No If so, can you provide required proof of your eligibility to work? Yes No

Are you legally authorized to work in the United States? *Proof of work authorization will be required upon employment.* Yes No

Have you been convicted of a crime? *Conviction will not necessarily disqualify an applicant from employment.* Yes No

If "yes," please explain _____

Business References *(Do not list relatives.)*

Are you currently employed? Yes No If "yes," may we contact your present employer? Yes No

1. _____ (_____) _____
Company Name Phone

Contact Person

Business Association/Relationship

2. _____ (_____) _____
Company Name Phone

Contact Person

Business Association/Relationship

3. _____ (_____) _____
Company Name Phone

Contact Person

Business Association/Relationship

Education

Circle the highest year of formal education completed:

1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 5 6 7 8 Other 1 2 3 4

Level	Name & City and State Location of School	Years Completed	Diploma/ Degree	Major
High School				
Undergraduate				
Graduate				
Additional Information:				

Are you currently enrolled in school? Yes No If "yes," name of school? _____
and course of study? _____

Licensure or Certification

List fields of work for which you are licensed, registered, or certified giving date(s), source(s) of issuance, and number(s):

Trade, Professional, and Civic Organizations

List professional, trade, business or civic activities and office(s) held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Thank you for interest in the Duplin County Partnership for Children as a potential employer!

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, veteran status, or any other legally protected status. We assure you that your opportunity for employment with this organization depends solely on your qualifications.