



## Application for Employment

Only completed and signed applications will be evaluated. Applications containing incomplete information or "see résumé" responses will not be processed.

### PERSONAL INFORMATION

NAME

Last

First

Middle

CURRENT ADDRESS

Street

City

State

Zip

MOBILE PHONE

EMAIL

POSITION FOR WHICH YOU ARE APPLYING

AVAILABILITY:  FULL-TIME  PART-TIME  TEMP.

DATE AVAILABLE TO START

ARE YOU UNDER AGE 18?  Y  N

IF HIRED, CAN YOU FURNISH PROOF OF ELIGIBILITY TO WORK IN U.S.?  Y  N

REFERRED BY:  JOB POSTING  FRIEND/RELATIVE  OTHER:

DO YOU HAVE ANY FRIENDS OR RELATIVES WORKING HERE?  Y  N NAME:

OTHER NAME(S) BY WHICH YOU HAVE BEEN KNOWN

HAVE YOU EVER BEEN FIRED FROM A JOB OR ASKED TO RESIGN?  Y  N IF YES, EXPLAIN.

### EDUCATION

HIGHEST LEVEL COMPLETED: 10 11 12 I 2 3 4 MAJOR / DEGREE / CERTIFICATE

HIGH SCHOOL NAME & LOCATION or GED

COLLEGE NAME & LOCATION

POST GRADUATE DEGREES

SCHOLASTIC HONORS & PROFESSIONAL ORGANIZATIONS

OTHER TRAINING OR CERTIFICATION THAT CONTRIBUTES TO YOUR QUALIFICATIONS

## EXPERIENCE

Please provide all of the requested information ("see résumé" is not acceptable) for your last four employers, beginning with the most recent. Your résumé may be provided to *supplement* the requested information.

EMPLOYER NAME

ADDRESS

PHONE

SUPERVISOR

SUPERVISOR'S EMAIL

REASON FOR LEAVING

DATES EMPLOYED

to

FINAL POSITION

FINAL SALARY \$

per

DUTIES

MAY WE CONTACT?  Y  N

EMPLOYER NAME

ADDRESS

PHONE

SUPERVISOR

SUPERVISOR'S EMAIL

REASON FOR LEAVING

DATES EMPLOYED

to

FINAL POSITION

FINAL SALARY \$

per

DUTIES

MAY WE CONTACT?  Y  N

EMPLOYER NAME

ADDRESS

PHONE

SUPERVISOR

SUPERVISOR'S EMAIL

REASON FOR LEAVING

DATES EMPLOYED

to

FINAL POSITION

FINAL SALARY \$

per

DUTIES

MAY WE CONTACT?  Y  N

EMPLOYER NAME	
ADDRESS	PHONE
SUPERVISOR	SUPERVISOR'S EMAIL
REASON FOR LEAVING	
DATES EMPLOYED	to FINAL POSITION
FINAL SALARY \$	per DUTIES
MAY WE CONTACT? <input type="checkbox"/> Y <input type="checkbox"/> N	

TYPES OF EQUIPMENT AND SOFTWARE WITH WHICH YOU ARE PROFICIENT

**CERTIFICATION**

*Read carefully before signing.*

I certify that the information I have provided on this Application for Employment is true and complete. I have had an opportunity to review/discuss the job requirements for this position and I can perform the essential functions of the job, with or without reasonable accommodation. I understand and agree that employment with the NCHSAA, if offered, may be immediately discontinued if misrepresentation, false statements or material omissions are found to have been made. I hereby authorize educational institutions, former employers and former supervisors to provide any and all information pertinent to my being considered for employment, and hereby release those providing such information from any liability for doing so. I understand that employment, if offered, will be contingent upon negative drug screening results and acceptable background check. Proof of identity and employment eligibility for completion of a Form I-9 and E-verify will be required, as well as additional information necessary for employee record purposes. I understand that, if employed, the NCHSAA or I may terminate the employment relationship at any time, with or without cause, with or without notice, and that, if employed, employment does not constitute a contract of employment between myself and the NCHSAA. If employed, I will abide by and conform to all of the NCHSAA policies, rules and procedures as may be in effect from time to time. I understand that this application will become inactive in sixty days unless reactivated by mein person or in writing. I understand that, upon request, I will be provided a copy of my signed Application for Employment. I have read the above, understand its content and meaning, and agree to all provisions.

\_\_\_\_\_  
 APPLICANT'S SIGNATURE

\_\_\_\_\_  
 DATE