

ALBEMARLE ALLIANCE FOR CHILDREN & FAMILIES, INC.

Elizabeth City, North Carolina

APPLICATION FOR EMPLOYMENT

Date: _____

PERSONAL INFORMATION

Name _____
 Last First Middle Social Security Number

Current Address _____
 Street City State Zip Code

Daytime Telephone Number _____ Evening Telephone Number _____

EMPLOYMENT INFORMATION

Are you legally eligible to work in the United States? Yes No Are you at least 18? Yes No

Check type of employment desired. Full time? Part time Can you work overtime? Yes No

Check days available for work: Mon Tue Wed Thur Fri Sat Sun

Date available to start work? _____ What hours are you available to work? _____

Have you ever worked for the Alliance before? Yes No If yes, give dates: _____

Have you ever been dismissed or forced to resign from a prior job? Yes No If yes, describe in detail: _____

Have you ever been convicted of a crime (other than a minor traffic violation)? Yes No If yes, list all offense(s) and date(s) of conviction/plea and county/city/state of conviction. Use an additional piece of paper if more space is needed.

Have you ever had an abuse or neglect or child maltreatment substantiation? YES NO If yes, list county/state and give the date and explain fully. Use an additional piece of paper if more space is needed.

(Note: Conviction of a crime will not necessarily prevent acceptance for employment.)

EDUCATION

Type of School	Name and Location of School	Years Attended	Did you Graduate?	Type of Degree
High School				
College				
Trade or other				

Do you have any specific skills, abilities, or experience that are applicable to the job for which you are applying? If so, explain. Please include any child care training completed in the last three years, such as First Aid, CPR, ITS-SIDS, Health & Safety Training, etc.: _____

WORK EXPERIENCE

Note: Start with most recent position, furnish dates and explanations for each period of unemployment of one month or more.

Present/last employer	Type of business	Address	Phone number
Start date From _____ to _____	Leave date _____ to _____	Job Title	Supervisor's name

Brief description of job and duties: _____

Reason for leaving:

Former employer	Type of business	Address	Phone number
Start date From _____ to _____	Leave date _____ to _____	Job title	Supervisor's name

Brief description of job and duties: _____

Reason for leaving:

Former employer	Type of business	Address	Phone number
Start date From _____ to _____	Leave date _____ to _____	Job title	Supervisor's name

Brief description of job and duties: _____

Reason for leaving:

Former employer	Type of business	Address	Phone number
Start date From _____ to _____	Leave date _____ to _____	Job title	Supervisor's name

Brief description of job and duties: _____

Reason for leaving:

REFERENCES (Do not list relatives or previous supervisors.)

Name	Address _____	Telephone no.	Relationship
Name	Address _____	Telephone no.	Relationship
Name	Address _____	Telephone no.	Relationship

APPLICANT STATEMENT

By signing my name below, I (1) certify that all statements made by me on this application are true and complete to the best of my knowledge and that I understand that misrepresentations or omissions may be cause for rejection or may be cause for subsequent dismissal if I am hired, and (2) understand that nothing contained in this application or in the interview process is intended to create an employment contract between the Alliance and me, and (3) authorize the employer to contact and obtain information from all references, employers, public agencies and others to verify the accuracy of all information provided in this application. I hereby waive all rights and claims I may have regarding the employer for seeking, obtaining and using truthful information in the employment process and all other persons corporations or organizations for furnishing such information about me. If this application results in my employment, I understand I have a right to terminate my employment at any time and for any reason and the Alliance retains a similar right. I further understand that no representative of the Alliance has any authority to enter into any agreement with me for any specified period of time or to guarantee some other personnel benefit. I further understand this entire statement applies to the period prior to or after I may be employed. I understand this application will remain current for only thirty (30) days and after that time, it will be necessary for me to reapply and fill out a new application.

I hereby acknowledge that I have read and understand each of the above statements.

Signature of Applicant

Date