

# Application For Employment



\_\_\_\_/\_\_\_\_/\_\_\_\_  
Rec'd in Human Resources

**Wilson County Partnership for Children**  
109 Park Avenue, P.O. Box 2661, Wilson, NC 27894 Phone: (252) 206-4235, Fax: (252) 206-4245

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## Personal Information

Position(s) Applied For: \_\_\_\_\_

Name \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Last First Middle Preferred Date

Address \_\_\_\_\_  
Street City State ZIP

Phone \_\_\_\_\_  
Home Cell Business

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## Recruitment Source

How did you learn of this position?

- |   |   |
|---|---|
| <input type="checkbox"/> Newspaper ad                           | <input type="checkbox"/> Employment agency              |
| <input type="checkbox"/> Internet job ad service                | <input type="checkbox"/> Employment Security Commission |
| <input type="checkbox"/> NCPC's website                         | <input type="checkbox"/> Self-knowledge                 |
| <input type="checkbox"/> Referred by WCPC employee (name) _____ | <input type="checkbox"/> Other _____                    |

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## Applicant Certification Statement & Authorization for Release of Information Wilson 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 Wilson 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 Wilson 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 Wilson 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.

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 Wilson 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 from a previous employment or education institution under a promise of confidentiality.

\_\_\_\_\_  
Signature *(unsigned applications will not be processed)*

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security No.  
*(Required for background check purposes)*

\_\_\_\_/\_\_\_\_/\_\_\_\_  
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 WCPC experience more than 10 years old. Include job-related volunteer or military service assignments.

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

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

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## 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," complete the following: State \_\_\_\_\_  
License No. \_\_\_\_\_ Class \_\_\_\_\_ Date of Issue \_\_\_\_\_ Date to Expire \_\_\_\_\_

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 \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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## 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 GED      College 1 2 3 4 5 6 7 8      Other 1 2 3 4

Level	Name & Location of School	Attended From      To	Years Completed	Diploma/Degree	Major
High School					
Undergraduate					
Graduate					
Other (Internship, etc.)					

Additional Information:

If your education includes courses specifically related to a position sought, please indicate these courses below.

Subject	Credits	Grade		Subject	Credits	Grade

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):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Other Skills and Qualifications

Please list any skills and abilities you wish considered. Include skills with equipment or machines you operate, special computer knowledge, job-related training and other qualifications. If you wish consideration for a secretarial position, indicate speeds for typing and shorthand.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## 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:*

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***Thank you for interest in the Wilson 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.**