

APPLICATION FOR EMPLOYMENT

CHTOP



Chapel Hill
Training-Outreach
Project, Inc.

Name: _____

Position Applying For: _____

E-mail: _____

Please Print Clearly

APPLICATION FOR EMPLOYMENT

Please Answer All Questions. Resumes Are Not A Substitute For A Completed Application.

We are an equal opportunity employer. Applicants are considered for positions without regard to race, religion, sex, national origin, age, disability, or any other category protected by applicable federal, state, or local laws.

Name _____ Position Applied For _____

Telephone Number () _____ - _____ Alternate or Cellular Telephone Number () _____ - _____

Present Address _____ How Long have you lived there ____ / ____
Street, Apt or Unit No./ City / State / Zip Years Months

Previous Address _____ How Long have you lived there ____ / ____
Street, Apt or Unit No./ City / State / Zip Years Months

List all counties that you have resided in North Carolina in the last 12 months _____

If under the age of 18, can you produce the necessary work certificate at the time of employment? [] Yes [] No

Type of employment desired. [] Full-time [] Part-time (Specify Hours) _____

Are you willing to work overtime? [] Yes [] No

Date on which you can start work if hired _____ Desired Salary/Hourly Rate _____

INSTRUCTIONS FOR ANSWERING THE NEXT FOUR QUESTIONS – Do not include convictions that were sealed, eradicated, erased, annulled by a court, or expunged, or convictions that resulted in referral to a diversion program.

Have you ever plead guilty or no contest to or been convicted of any criminal offense other than the applicable exceptions listed above? [] Yes [] No

Have you been convicted of a felony within the last seven years? [] Yes, Date of Conviction: _____ [] No

Have you been convicted within the last seven years of misappropriation of funds, embezzlement or other dishonest conduct, an offense involving the use of a weapon, physical assault or other violent crimes? [] Yes [] No

Have you ever been arrested for any matters for which you currently are out on bail or on your own recognizance or pending trial? [] Yes [] No

CRIMINAL OFFENSES ONLY: If you answered Yes, to any of the above four questions, please provide the date(s) and explain in accordance with the above instructions so that individual circumstances can be considered.

Criminal convictions or arrests will not automatically disqualify an applicant from a particular job. The Company will consider the nature of the crime, its seriousness, the substantial relation to the position's functions and qualifications, the number of occurrences, the applicant's age at the time of the crime, the time elapsed since the crime, the applicant's entire work and educational history, employment references and recommendations, and the business necessity of any exclusion when required by law.

Have you ever initiated an act of violence in the workplace? [] Yes [] No

If Yes, please provide the dates) and explain so that individual circumstances can be considered. (A "Yes" answer will not necessarily disqualify you from employment.)

DRIVING RECORD

Do you have a valid driver's license? Yes No State _____ License No: _____

Have you had any tickets in the last 3 years? Yes No If Yes, please explain: _____

Has your license ever been suspended or revoked? Yes No If yes, please explain: _____

Do you have any DUI or DWI convictions? Yes No If yes, please state when you were convicted and explain: _____

EDUCATION

School Name/ Location (Address, City, State)	Graduated? Yes / No	Course of Study/ or Degree Major/Minor	# of Years Completed or Credits earned
High School -			
College -			
Bus./Tech/Trade or Post College -			
Licenses Certifications/Honors Received/Other -			

If applicable, list below any other names by which you have been known which may be necessary to allow us to confirm your work and education record. For example, change of name, use of an assumed name, nickname, etc, _____

List any special skills that you feel qualify you for the job for which you are applying (sign language, computer software, office equipment)

Indicate the languages (including English) you can speak, read and/or write in the appropriate box

Language:	Language:	Language:	Language:
Speak <input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	Speak <input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	Speak <input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	Speak <input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair
Read <input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	Read <input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	Read <input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	Read <input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair
Write <input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	Write <input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	Write <input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	Write <input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair

EMPLOYMENT JOB HISTORY

Please complete for all full-time or part-time employment beginning with most recent employer. Account for all periods of time including any period of unemployment. You may include any verifiable work performed on a volunteer basis, internships, or military service.

Employer

Company Name _____ Address _____ City _____ State _____ ZIP _____

Telephone () _____ - _____ Dates Employed: From ____/____/____ To ____/____/____

Job Title _____ Full-time? Part-time? (Specify Hours) _____

Duties: _____

Supervisor's Name & Title: _____ Supervisor's Telephone / Extension _____

May we contact? Yes No If No, why not? _____

Rate of Pay (Hr/Yr) Start \$ _____ Final \$ _____ Reason for Leaving _____

How much notice did you give when resigning? _____

Employer

Company Name _____ Address _____ City _____ State _____ ZIP _____

Telephone () _____ - _____ Dates Employed: From ____/____/____ To ____/____/____

Job Title _____ Full-time? Part-time? (Specify Hours) _____

Duties: _____

Supervisor's Name & Title: _____ Supervisor's Telephone / Extension _____

May we contact? Yes No If No, why not? _____

Rate of Pay (Hr/Yr) Start \$ _____ Final \$ _____ Reason for Leaving _____

How much notice did you give when resigning? _____

Employer

Company Name _____ Address _____ City _____ State _____ ZIP _____

Telephone () _____ - _____ Dates Employed: From ____/____/____ To ____/____/____

Job Title _____ Full-time? Part-time? (Specify Hours) _____

Duties: _____

Supervisor's Name & Title: _____ Supervisor's Telephone / Extension _____

May we contact? Yes No If No, why not? _____

Rate of Pay (Hr/Yr) Start \$ _____ Final \$ _____ Reason for Leaving _____

How much notice did you give when resigning? _____

EMPLOYMENT JOB HISTORY CONTINUED

Please list only and all jobs that you have had in the past 15 years unless the job is relevant to the position you are applying for now and would want it considered. If additional space is needed please provide information on a separate sheet of paper.

Employer

Company Name _____	Address _____	City _____	State _____	ZIP _____
Telephone () _____ - _____	Dates Employed: From ____/____/____ To ____/____/____			
Job Title _____	<input type="checkbox"/> Full-time? <input type="checkbox"/> Part-time? (Specify Hours) _____			
Duties: _____				

Supervisor's Name & Title: _____ Supervisor's Telephone / Extension _____				
May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/> If No, why not? _____				
Rate of Pay (Hr/Yr) Start \$ _____ Final \$ _____ Reason for Leaving _____				
How much notice did you give when resigning? _____				

Employer

Company Name _____	Address _____	City _____	State _____	ZIP _____
Telephone () _____ - _____	Dates Employed: From ____/____/____ To ____/____/____			
Job Title _____	<input type="checkbox"/> Full-time? <input type="checkbox"/> Part-time? (Specify Hours) _____			
Duties: _____				

Supervisor's Name & Title: _____ Supervisor's Telephone / Extension _____				
May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/> If No, why not? _____				
Rate of Pay (Hr/Yr) Start \$ _____ Final \$ _____ Reason for Leaving _____				
How much notice did you give when resigning? _____				

Employer

Company Name _____	Address _____	City _____	State _____	ZIP _____
Telephone () _____ - _____	Dates Employed: From ____/____/____ To ____/____/____			
Job Title _____	<input type="checkbox"/> Full-time? <input type="checkbox"/> Part-time? (Specify Hours) _____			
Duties: _____				

Supervisor's Name & Title: _____ Supervisor's Telephone / Extension _____				
May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/> If No, why not? _____				
Rate of Pay (Hr/Yr) Start \$ _____ Final \$ _____ Reason for Leaving _____				
How much notice did you give when resigning? _____				

EMPLOYMENT HISTORY CONTINUED

Please explain fully all gaps in your employment history in excess of one month. _____

Have you ever been terminated or asked to resign from any job? Yes No If Yes, how many times? _____

Did you receive any discipline in the last 12 months of active employment? Yes No If yes, how many times? _____

If you answered Yes to any of the above four questions, please explain the circumstances of each occasion: _____

Have you previously applied for employment with this Company? Yes No

If yes, when and where did you apply? _____

Have you ever been employed by this Company? Yes No If Yes, provide dates of employment, location, and reason for separation from employment. _____

Are you legally authorized to work in the United States: Yes No

Will you now or in the future require sponsorship for employment visa status (e.g., H-1B visa status)? Yes No

Note: The Federal Immigration and Reform and Control Act of 1986 requires that an INS Employment Eligibility Verification "Form I-9" be completed for every new hire and that within 3 business days of beginning work every new hire must present to the employer documentation establishing his/her identity and authorization for work. This federal requirement must be satisfied as a condition of employment.

REFERENCES

Please list the names of additional work-related references we may contact. Individuals with no prior work experience may list school or volunteer-related references.

Name	Position	Company	Work Relationship (supervisor, co-worker,)	Telephone/Email

Please list the names of personal references (not previous employers or relatives) who know you well that we may contact.

Name	Occupation	Address	Telephone	# of Years Known

APPLICANT'S ACKNOWLEDGEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that any misrepresentations, omissions of facts or incomplete answers in any application document will disqualify me from further consideration for employment. I further understand that, any misrepresentations or omissions of facts in any application document will be cause for my dismissal at any time without prior notice.

This company is an At-Will employer, as allowed by applicable state law. I understand that, if employed, my employment is not for a specific term and may be terminated by me or my Supervisor with or without notice or cause at any time. I further understand that no oral promise, CHTOP) policy, custom, business practice or other procedure (including the Personnel Handbook or any personnel manuals) constitute an employment contract or modification of the at-will employment relationship between me and CHTOP.

I understand that applicants for certain positions may be required to qualify for employment based on additional employment criteria. For example, I may be required to take job-related tests; submit to a criminal background test; take a pre-employment drug test consistent with applicable federal, state, and local law. If I am offered employment or start work before any required test is completed, my employment is contingent on a satisfactory result on all required tests.

I understand and agree that if driving is a requirement for the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

If employed by CHTOP, I understand and agree that CHTOP, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign confidentiality, restrictive covenant, and/or conflict of interest statement, as well as an agreement to arbitrate.

I authorize CHTOP or its agents to confirm all statements contained in this application and/or resume as it relates to the position I am seeking and to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation.

I authorize and consent to, without reservation, any party or agency contacted by CHTOP to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to CHTOP or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability CHTOP and its representatives for seeking such information and all other persons, corporations, or organizations furnishing such information.

Applicant's Signature

Date