

APPLICATION FOR EMPLOYMENT

East Wake Academy

400 NMC Drive
Zebulon, NC 27597
(919) 404-0444
(919) 404-2377 (fax)

Date of Application: _____

Name: _____ SSN # _____
Last First Middle Initial

Address: _____
Street number and name

_____ City State Zip

_____ County Daytime Phone Number Evening Phone Number

When will you be available for work? _____

Position applied for: _____

Education

Circle Highest Grade Completed:

High School 9 10 11 12 GED College 1 2 3 4 Graduate School 1 2 3 4

Schools	Name & Location	Dates Attended:	Graduate
High School			
College(s) University(s)			
Graduate or Professional			
Other Educational, Vocational School, Internships, etc.			

Other Training: _____

Licenses and Certifications (list, giving dates and sources of issuance):

EQUAL OPPORTUNITY INFORMATION

East Wake Academy policy prohibits discrimination based on race, sex, color, creed, national origin, age or disability. The information below will in no way affect you as an applicant.

Date of Birth _____

Sex Female Male

Ethnic Group

- 1. White (non-Hispanic)
- 2. Black (non-Hispanic)
- 3. Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race)
- 4. Asian (including Pacific Islander)
- 5. American Indian (including Alaskan native)

DISABILITY: "Disability means, with respect to an individual: (1) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (2) a record of such an impairment; or (3) being regarded as having such an impairment" (Americans with Disabilities Act of 1990). Persons without a disability should check item A.

The reporting of a disability is strictly VOLUNTARY. Persons with disabilities who DO NOT WISH to report their disabilities should check item A. Information reported on this form will be kept confidential as required by State law. Public disclosure of this information without your consent would be a violation of G.S.'

- A. None/Prefer not to report
- B. Blind or severely visually impaired
- C. Deaf or severely hearing impaired
- D. Loss of limited use of arms and/or Hands
- E. Non-ambulatory (must use
- F. Other orthopedic impairment (including amputation, arthritis, back injury, cerebral palsy, spina bifida, etc.)
- G. Respiratory Impairment
- H. Nervous system/Neurological disorder
- I. Mentally restored
- J. Mental retardation
- K. Learning disability
- L. Others (heart disease, diabetes, speech impairment)
- M. Other (please specify _____)

Work History

Current or Last Employer: _____
Name of Company Address

Job Title: _____ Supervisor's Name: _____

Dates of Employment: _____
Start Date Separation Date

Starting Salary: _____ per _____ Ending Salary: _____ per _____

Reason for leaving: _____

List major duties in order of their importance in the job:

Work History

Current or Last Employer: _____
Name of Company Address

Job Title: _____ Supervisor's Name: _____

Dates of Employment: _____

Start Date Separation Date
Starting Salary: _____ per _____ Ending Salary: _____ per _____

Reason for leaving: _____

List major duties in order of their importance in the job:

Current or Last Employer: _____
Name of Company Address

Job Title: _____ Supervisor's Name: _____

Dates of Employment: _____

Start Date Separation Date
Starting Salary: _____ per _____ Ending Salary: _____ per _____

Reason for leaving: _____

List major duties in order of their importance in the job:

Current or Last Employer: _____
Name of Company Address

Job Title: _____ Supervisor's Name: _____

Dates of Employment: _____
Start Date Separation Date

Starting Salary: _____ per _____ Ending Salary: _____ per _____

Reason for leaving: _____

List major duties in order of their importance in the job:

Current or Last Employer: _____
Name of Company Address

Job Title: _____ Supervisor's Name: _____

Dates of Employment: _____
Start Date Separation Date

Starting Salary: _____ per _____ Ending Salary: _____ per _____

Reason for leaving: _____

List major duties in order of their importance in the job:

(If you need additional space, please use a blank sheet of paper.)

Briefly state what you think makes you qualified to do the job for which you are applying:

References (List 2 references other than your former supervisors or family):

Name: _____ Phone: _____

Name: _____ Phone: _____

Have you ever been convicted of a crime? Yes No

If yes, what crime: _____

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration, and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in the application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications (Authority: G.S. 126-30, G.S. 14-122.1.)

Signature of Applicant

Date