

Application For Employment

**Business Office
Louisburg College
501 N. Main Street
Louisburg, NC 27549**

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application (mm/dd/yyyy) / /	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____	
Last Name	First Name	Middle Name	
Street Address	City	State	Zip Code
Home Phone () -	Cell Phone () -	Other Phone () -	

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes No

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 date: / /

Are you currently employed?

Yes No

May we contact your present employer?

Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Yes No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? / /

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall?

Yes No

Can you travel if a job requires it?

Yes No

Have you been convicted of a felony?

Yes No

Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	Elementary School	High School	Undergraduate College / University	Graduate / Professional
School Name and Location				
Years Completed				
Diploma / Degree				
Describe Course of Study				
Describe any specialized training, apprenticeship, skills, and extra-curricular activities				
Describe any honors you have received				
State any additional information you feel may be helpful to us in considering your application				

Indicate any foreign languages you can speak, read, and/or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business, or civic activities and offices held.
You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status.

References

Give name, address, and telephone numbers of three references who are not related to you and are not previous employers.

Name	Address	Telephone () -
Name	Address	Telephone () -
Name	Address	Telephone () -

Have you ever had any job-related training in the United States military? Yes No
 If yes, please describe: _____

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap, or other protected status.

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

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Applicant's Statement

I certify that the information provided on this application form, along with all other information I have provided to Louisburg College, is accurate and complete. I understand that any misrepresentations or omissions will be cause for not hiring me or for terminating my employment, once hired.

I understand and authorize the company to undertake any investigation it deems necessary in considering me for employment or, if hired, my continued employment. I expressly authorize any present or former employer; school, college, or university; personal reference; any member of any local, state, or federal law enforcement agency; or any agency to give the company information (written or oral) or records concerning me or my qualifications, employment (including but not limited to the reasons for my termination), credit reputation, mode of living, education, or criminal record. I unconditionally release the company, its representatives/agents, and all persons from whom they request information from, any and all liability relating to such request for information or any information provided.

I understand that any job offer, or if hired, my continued employment, may be conditioned upon a medical examination and/or alcohol or drug testing.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I further understand that I am required to abide by all rules and regulations of the Employer.

Signature of Applicant

Date

Employment Data Record

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or disability or any other legally protected status.

As an employer with an Equal Opportunity Program, we comply with government regulations, including Equal Opportunity responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information, please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file.

Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

VOLUNTARY SURVEY

(Please Print)

Date: ___ / ___ / ___

Government agencies at times require periodic reports on the sex, ethnicity, disability veteran, and other protected status of employees. The data is for statistical analysis with respect to the success of the Equal Opportunity program. SUBMISSION OF THIS INFORMATION IS VOLUNTARY.

Name		
Street Address		
City	State	Zip
Social Security No. - -		

Current Job		
Check One: (Gender)		
<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Check One of the Following: (Ethnic Origin)		
<input type="checkbox"/> White	<input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Black	<input type="checkbox"/> Other	<input type="checkbox"/> Other
Check if Any of the Following are Applicable		
<input type="checkbox"/> Vietnam Era Veteran	<input type="checkbox"/> Disabled Veteran	<input type="checkbox"/> Individual with a disability
Date of Birth / /	Disability	