

**APPLICATION FOR EMPLOYMENT**  
**WAYNE ACTION GROUP FOR ECONOMIC SOLVENCY, INC.**  
601 East Royall Av., Goldsboro, NC 27534  
AN EQUAL OPPORTUNITY EMPLOYER

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Date \_\_\_\_\_

**PERSONAL INFORMATION**

Social Security Number \_\_\_\_\_

Name \_\_\_\_\_  
(Please Print)                      Last                                      First                                      Middle

Address \_\_\_\_\_  
    Number/Street                                      City                                      State                                      Zip

Telephone (\_\_\_\_) \_\_\_\_\_                      Email address: \_\_\_\_\_

Are you 18 years of age or older?                       Yes                       No

If hired, can you provide written evidence that you are authorized to work in the United States?                       Yes                       No

Do you have any relatives who are employed by WAGES?                       Yes                       No  
If Yes, please specify: \_\_\_\_\_

Have you ever applied for employment with us previously?                       Yes                       No  
If Yes, please specify: \_\_\_\_\_  
    When                                      Location

Are you available for full-time employment?                       Yes                       No                      If No, # hours you can work \_\_\_\_\_

Because our work sometimes requires overtime, can you work such a schedule?                       Yes                       No

Have you ever been *convicted* of a crime involving child abuse, child neglect or moral turpitude?                       Yes                       No  
If Yes, please specify: \_\_\_\_\_  
    When                                      For What

Is there any information we would need about your name or use of another name for us to be able to check your work record?  
 Yes                       No                      If Yes, please specify: \_\_\_\_\_

How were you referred to our agency? \_\_\_\_\_

**EMPLOYMENT DESIRED**

Position \_\_\_\_\_                      Salary Expectation \_\_\_\_\_

Date You Can Start \_\_\_\_\_

**EDUCATION**

<u>School</u>	<u>Name and Location of School</u>	<u>Course Of Study</u>	<u>Years Completed</u>	<u>Degree/ Diploma</u>
Grammar School	_____	_____	_____	_____
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Technical/Other	_____	_____	_____	_____

**EMPLOYMENT RECORD**

(Please give accurate, complete full-time and part-time employment information. List your last three jobs, starting with the most recent one first.)

1. \_\_\_\_\_  
 Company Name and Address

\_\_\_\_\_

Name of Supervisor and Telephone Number

\_\_\_\_\_

From (Date of Employment)	To	Pay	Reason for Leaving
_____			
Kind of Work (Job Title)			
_____			
Brief Description of Your Job			

2. \_\_\_\_\_  
 Company Name and Address

\_\_\_\_\_

Name of Supervisor and Telephone Number

\_\_\_\_\_

From (Date of Employment)	To	Pay	Reason for Leaving
_____			
Kind of Work (Job Title)			
_____			
Brief Description of Your Job			

3. \_\_\_\_\_  
 Company Name and Address

\_\_\_\_\_

Name of Supervisor and Telephone Number

\_\_\_\_\_

From (Date of Employment)	To	Pay	Reason for Leaving
_____			
Kind of Work (Job Title)			
_____			
Brief Description of Your Job			

Please list any additional information that relates to your ability to perform the job for which you have applied, such as licenses, professional memberships, special skills, etc. \_\_\_\_\_

\_\_\_\_\_ Can we contact your current employer regarding your employment?  Yes  No

**SERVICE IN U.S. ARMED FORCES**

Branch of Service \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Rank and Type of Service \_\_\_\_\_

Training/Experience Received \_\_\_\_\_

**REFERENCES (Do Not Include Relatives)**

1. \_\_\_\_\_  
 Name/Address Occupation Telephone #

2. \_\_\_\_\_  
 Name/Address Occupation Telephone #

3. \_\_\_\_\_  
 Name/Address Occupation Telephone #

**APPLICANT'S STATEMENT**

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the WAGES Board of Directors. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand this application will be active for a period of 90 days. After that time, if I wish to be considered for employment, I must submit a new application.

I understand that the employer may thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I understand that, if hired, I may be required to submit to alcohol/drug testing on pre-employment, post-accident, random and/or "for cause" bases.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicants -- Please Do Not Write Below This Line

Interviewed by (1) \_\_\_\_\_ (2) \_\_\_\_\_ Date \_\_\_\_\_

Hired:  Yes  No Position \_\_\_\_\_ Dept./Program \_\_\_\_\_

Starting Date \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Classification \_\_\_\_\_

Remarks:

Approved by (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_  
Human Resource Manager Supervisor/Program Director Executive Director