

# Application For Employment



\_\_\_\_/\_\_\_\_/\_\_\_\_  
Receive

**Harnett County Partnership for Children**  
1901-G Main Street, Lillington, NC 27546 Phone: (910) 893-2344, Fax: (910) 893-2387

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## Personal Information

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

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

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

Phone \_\_\_\_\_  
Home Business Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

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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"/> HCPC's web site <input type="checkbox"/> NCPC's web site | <input type="checkbox"/> Self-knowledge                 |
| <input type="checkbox"/> Referred by HCPC employee (name) _____                   | <input type="checkbox"/> Other _____                    |

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## Applicant Certification Statement & Authorization for Release of Information Harnett 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 Harnett 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 or Board Chair of the organization and approved by the Board of Directors. Both the undersigned and the Harnett County Partnership for Children may end the employment relationship at any time, without specified notice or reason. If employed, I understand 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 Harnett 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 Harnett 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 Smart Start or other nonprofit experience more than 10 years old. Include job-related volunteer or military service assignments.

Employer	Dates Employed		Work Performed
	From	To	
Address	Hourly Rate/Salary		
Phone Nos.	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address	Hourly Rate/Salary		
Phone Nos.	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address	Hourly Rate/Salary		
Phone Nos.	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address	Hourly Rate/Salary		
Phone Nos.	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address	Hourly Rate/Salary		
Phone Nos.	Starting	Final	
Job Title	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," give number and issuing state \_\_\_\_\_

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



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**Education**

Circle the highest year of formal education completed:

1 2 3 4 5 6 7 8 9 10 11 12      College 1 2 3 4 5 6 7 8      Other 1 2 3 4

Level	Name & Location of School	List Year & Date Attended/ Completed	Diploma/Degree	Major
High School				
Undergraduate				
Graduate				
Additional Information:				

Are you currently enrolled in school?  Yes  No    If "yes," name of school? \_\_\_\_\_ and course of study? \_\_\_\_\_

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**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):

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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 your interest in the Harnett 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.**

