

H.E.L.P. Pregnancy Center
Application for Employment

PLEASE PRINT

Position(s) applied for _____ Date of application _____

Name _____
Last First Middle

Address _____
Street City County State Zip Code

Email _____

Addresses for the past 7 years: _____
Street City State Zip Code How long?

_____ Street City State Zip Code How long?

_____ Street City State Zip Code How long?

Date of Birth _____ Email _____
(Month/Day/Year)

Social Security Number _____

Driver's License Number _____ State _____

Telephone Number _____
Home/Cell Business

If necessary, best time to call you is _____

May we contact you at work? _____
Yes No

Skills and Qualification- Summarize any special training, skills, certificates and/ or characteristics of yourself that may qualify you as being able to perform job-related functions for the position which you are applying:

Please write a brief paragraph stating the specific job you are applying for, and why you are applying.

Starting salary desired _____

Hours preferred _____

Date available to begin work _____

Education

Circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED
 1 2 3 4 College

<u>Schools</u>	<u>Name and Location</u>	<u>Dates Attended</u>	<u>Course of Study</u>	<u>Degree/Diploma</u>
High School	_____	_____ to _____	_____	_____
College	_____	_____ to _____	_____	_____
or	_____	_____ to _____	_____	_____
university	_____	_____ to _____	_____	_____
Graduate or	_____	_____ to _____	_____	_____
professional	_____	_____ to _____	_____	_____
Educational,	_____	_____ to _____	_____	_____
vocational, etc.	_____	_____ to _____	_____	_____

Have you ever been convicted for, entered a guilty plea or a plea of nolo contendere/no contest to, or been the subject of deferred prosecution or prayer for judgment continued for a crime (felony or misdemeanor), excluding minor traffic violations? **(NOTE: Offenses such as DUI/DWI, vehicular manslaughter, and reckless driving are not minor traffic violations and must be listed.**

If yes, give the date and explain fully on an additional piece of paper if more space is needed. _____

Have you ever been charged, arrested, indicted or convicted for, entered a guilty plea or a pleas of nolo contendere to, or been the subject of deferred prosecution or prayer for judgement continued for a crime (felony or misdemeanor) involving a bank or other financial institution and/or theft, misuse or embezzlement of funds.

If yes, give the date and explain fully on an additional piece of paper if more space is needed.

References

List the names, addresses and phone numbers of three people we may contact as references. (2 non family, 1 pastor)

Do you use alcoholic beverages? _____ Do you use tobacco products? _____

Work History

(Also include volunteer experience.)

Current or last Employer _____

Address _____

Job Title _____

Supervisor's Name _____ No. Supervised by you _____

Date Employed _____ Starting Salary \$ _____ per _____

Ending Salary \$ _____ per _____

Reason for leaving _____ May we contact Employer? _____
Yes No

Date you left _____ Duties _____

Full time? Years _____ Month _____ Part Time? Years _____ Month _____

In part time, number of hours per week _____

Current or last Employer _____

Address _____

Job Title _____

Supervisor's Name _____ No. Supervised by you _____

Date Employed _____ Starting Salary \$ _____ per _____

Ending Salary \$ _____ per _____

Reason for leaving _____ May we contact Employer _____
Yes No

Date you left _____ Duties _____

Full time? Years _____ Month _____ Part Time? Years _____ Month _____

In part time, number of hours per week _____

Current or last Employer _____

Address _____

Job Title _____

Supervisor's Name _____ No. Supervised by you _____

Date Employed _____ Starting Salary \$ _____ per _____

Ending Salary \$ _____ per _____

Reason for leaving _____ May we contact Employer _____
Yes No

Date you left _____ Duties _____

Full time? Years _____ Month _____ Part Time? Years _____ Month _____

In part time, number of hours per week _____

Should the Center require a drug/alcohol test, would you agree to be tested? Yes ___ no ___

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 this application and understand that false information or documentation, or 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.

Signature of Applicant _____ Date _____

For Employer Use Only

- ___ Federal, Criminal – Nationwide
- ___ County Criminal, All counties past 7 years
- ___ Statewide, Criminal (State: _____)
- ___ Sexual Offenders Registry Index Check (State: _____)
- ___ Employment verification
- ___ Reference verification
- ___ Education verification
- ___ Credit Report

H.E.L.P. Pregnancy Center
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