Serving Northeastern North Carolina Since 1962
Choanoke Area Development Association of NC, Inc.
Post Office Box 530, Rich Square, North Carolina 27869
Telephone: 252.539.4155* Fax: 252.539.2048
www.nc-cada.org

APPLICATION FOR EMPLOYMENT

_____
Date of Application

CADA policy prohibits discrimination based on race, sex, color, creed, national origin, age, or disability.

Last Name **First Name** **Middle Name**

Address (Street No. & Name) **City** **State** **Zip Code**

County **( ) Phone (Home/or where you can be reached)** **( ) Business Phone**

Email address: _____

AVAILABILITY

Are you related by birth or marriage to any person now working for CADA or a member of the CADA Board?
_____yes _____no (If yes, give name, relationship to you and location employed). _____
Check (✓) the types of work you will accept:
_____(1) Regular, Full-time **_____(2) Regular, Part-time** **_____(3) Temporary, Full-time**
_____(4) Temporary, Part-time **_____(5) Any of the Preceding** **_____(6) Work Involving Travel**
_____(7) Shift or Split Shift Work

If you are not available for work now, enter the earliest date you could begin work. (Month/Day/Year) _____

JOBS APPLIED FOR

Enter below the specific title(s) of the job(s) for which you are applying. Please list no more than three on this application.

(1) _____ **(2)** _____ **(3)** _____

REFERRAL SOURCE

Please indicate your referral source: _____

If you were referred by the Employment Security Commission (Job Service) please indicate which local office:

_____

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 Graduate School 1 2 3 4
Under S/Q Hrs., list the hours of credit received and if they were semester (S) or quarter (Q) hours.

Schools	Name and Location	Dates Attended (mo/yr) From: To:	Grad?		S/Q Hrs.	Maj/Min Course Work	Type of Degree Received
High School			Yes				
			No				
College(s) University(ies)			Yes				
			No				
Graduate or Professional			Yes				
			No				
Other educational, vocational schools, internships, etc.			Yes				
			No				

Special training programs and seminars you have completed in the last five years (List):

_____

_____

If the job(s) applied for calls for specific courses, indicate those courses taken and credits received:

Current professional status: (List fields of work for which you have been registered)

Registration:_____ State:_____ No. _____

Registration:_____ State:_____ No. _____

Membership in professional, honorary, or technical societies (List):

_____

_____

DO NOT COMPLETE THIS BLOCK

DEGREES AND PROFESSIONAL CREDENTIALS
☐ Have been verified
☐ Will be verified within 90 days (G.S. 126-30)
Person Responsible _____

Have you ever been Bonded? _____yes _____no

If yes, with which Employer? _____

Licenses and certification (List, giving dates and sources of issuance):

_____

_____

SKILLS:
CHECK (✓) the following skills, experiences, etc. which you have:

☐ Driver's license_____
Number State
☐ Chauffeur's license_____
Number State
☐ Car for use at work

☐ Sign language_____
☐ Foreign language (specify_____
☐ Adding machine/calculator _____
☐ Typing (specify WPM) _____
☐ Shorthand / speedwriting (specify WPM) _____

☐ Legal transcription
☐ Carpentry
☐ Word Processing Skills
☐ Other _____

Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.) ☐ YES ☐ NO (If yes, explain fully on an additional sheet)

WORK HISTORY (include volunteer experience) Use additional sheets if necessary

Current or Last Employer:			Address:		
Job Title			Supervisor's name: Telephone No.		No. Supervised by you:
Date Employed (mo/yr)	Starting Salary $ per		Ending or Current Salary $ per	Reason for Leaving	May we contact Employer YES ☐ NO ☐
Date Separated (mo/yr)			List major duties in order of their importance in the job:		
Full Time	Years	Months			
Part Time	Years	Months			
If part time, number of hours worked per week:					

1)

2)	Employer:			Address:		
	Job Title			Supervisor's name: Telephone No.		No. Supervised by you:
	Date Employed (mo/yr)		Starting Salary $ per	Ending or Current Salary $ per	Reason for Leaving	May we contact Employer YES ☐ NO ☐
	Date Separated (mo/yr)		List major duties in order of their importance in the job:			
	Full Time	Years Months				
	Part Time	Years Months				
	If part time, number of hours worked per week:					

3)	Current or Last Employer:			Address:		
	Job Title			Supervisor's name: Telephone No.		No. Supervised by you:
	Date Employed (mo/yr)		Starting Salary $ per	Ending or Current Salary $ per	Reason for Leaving	May we contact Employer YES ☐ NO ☐
	Date Seperated (mo/yr)		List major duties in order of their importance in the job:			
	Full Time	Years Months				
	Part Time	Years Months				
	If part time, number of hours worked per week:					

4)	Current or Last Employer:			Address:		
	Job Title			Supervisor's name: Telephone No.		No. Supervised by you:
	Date Employed (mo/yr)		Starting Salary $ per	Ending or Current Salary $ per	Reason for Leaving	May we contact Employer YES ☐ NO ☐
	Date Separated (mo/yr)		List major duties in order of their importance in the job:			
	Full Time	Years Months				
	Part Time	Years Months				
	If part time, number of hours worked per week:					

5)	Current or Last Employer:			Address:		
	Job Title			Supervisor's name: Telephone No.		No. Supervised by you:
	Date Employed (mo/yr)		Starting Salary $ per	Ending or Current Salary $ per	Reason for Leaving	May we contact Employer YES ☐ NO ☐
	Date Separated (mo/yr)		List major duties in order of their importance in the job:			
	Full Time	Years Months				
	Part Time	Years Months				
	If part time, number of hours worked per week:					

DO NOT CONTACT
EMPLOYER NUMBER(S) _____

REASON _____

WE MAY CONTACT THE EMPLOYERS LISTED ABOVE UNLESS YOU INDICATE THOSE YOU MAY NOT WANT US TO CONTACT.

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 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 undersigned 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 (unsigned applications will not be processed) **Date**

FOR EMPLOYER'S USE ONLY

	Employer	Person Contacted	Results
REFERENCE CHECK	1		
	2		
	3		
	4		

	Interviewer Name and Comments
INTERVIEW RESULTS	