



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

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

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 <input type="checkbox"/> Have been verified <input type="checkbox"/> 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:

<input type="checkbox"/> Driver's license _____ Number _____ State _____	<input type="checkbox"/> Sign language _____	<input type="checkbox"/> Legal transcription
<input type="checkbox"/> Chauffeur's license _____ Number _____ State _____	<input type="checkbox"/> Foreign language (specify _____)	<input type="checkbox"/> Carpentry
<input type="checkbox"/> Car for use at work	<input type="checkbox"/> Adding machine/calculator _____	<input type="checkbox"/> Word Processing Skills
	<input type="checkbox"/> Typing (specify WPM) _____	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Shorthand / speedwriting (specify WPM) _____	

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 <input type="checkbox"/> NO <input type="checkbox"/>	
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)

Employer:			Address:		
Job Title			Supervisor's name:		Telephone No.
Date Employed (mo/yr)			Starting Salary \$ _____ per	Ending or Current Salary \$ _____ per	Reason for Leaving
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:					

2)

Current or Last Employer:			Address:		
Job Title			Supervisor's name:		Telephone No.
Date Employed (mo/yr)			Starting Salary \$ _____ per	Ending or Current Salary \$ _____ per	Reason for Leaving
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.
Date Employed (mo/yr)			Starting Salary \$ _____ per	Ending or Current Salary \$ _____ per	Reason for Leaving
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:					

4)

Current or Last Employer:			Address:		
Job Title			Supervisor's name:		Telephone No.
Date Employed (mo/yr)			Starting Salary \$ _____ per	Ending or Current Salary \$ _____ per	Reason for Leaving
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)

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

R E F E R E N C E C H E C K	Employer	Person Contacted	Results
	1		
	2		
	3		
	4		

I N T E R V I E W R E S U L T S	Interviewer Name and Comments

Voluntary Confidential Applicant Data Sheet

(For Affirmative Action Purposes Only)

Choanoke Area Development Association of NC, Inc., (CADA) policy prohibits discrimination based on race, sex, color, national origin, age or disability. As part of CADA's Equal Opportunity Program, the federal government requires us to compile summary data about applicants. This Confidential Applicant Data Sheet is intended to help us collect this information. All responses are completely voluntary and will be used for statistical analysis only. This sheet will be removed by Human Resources and will not remain with your application. Refusal to respond will not result in adverse treatment of any applicant. Please complete and submit the following with your completed application.

Name: _____ Date: _____
Address _____
City: _____ State: _____ Zip: _____
Gender: ___ Female ___ Male
Date of Birth: _____ Position Applied For: _____

ETHNIC BACKGROUND

- ___ White (non Hispanic origin)
- ___ Black/African American (non Hispanic origin)
- ___ American Indian or Alaskan Native
- ___ Hispanic (Mexican, Puerto Rican, Cuban, Central or South American Latino, regardless of race)
- ___ Asian or Pacific Islanders
- ___ Other or Multi-Ethnic/Racial

DISABILITY

Any person who (1) Has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) Has a record of such impairment, or (3) Is regarded as having such an impairment.

- ___ None/Prefer not to report.
- ___ Blind or severely visually impaired
- ___ Deaf or severely hearing impaired
- ___ Loss or Limited use of arms and or hands
- ___ Non-Ambulatory (must use wheelchair)
- ___ Semi-Ambulatory (limited mobility, but wheelchair not needed)
- ___ Respiratory Impairment
- ___ Nervous System /Neurological disorder
- ___ Mental Illness/Emotional Disturbance
- ___ Learning Disability
- ___ Other (Specify): _____

VETERAN

___ **Vietnam Era Veteran** – “a person (1) who served an active duty between 9/5/64 and 5/7/75 for a period of more than 180 days, and any part of which occurred during the Vietnam era, and was discharged or released therefrom with other than a dishonorable discharge, or (ii) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed during the Vietnam era, and (2) who was so discharged or released within 48 months preceding his application for employment covered under the Act.”

___ **Disabled Veteran** – “a person entitled to disability compensation under laws administered by the Veterans Administration for a disability rated at 10 to 20 per cent in the case of a veteran who has been determined to have a serious employment handicap (section 1506 of Title 38) or a person who was discharged from active duty because of a service-connected disability.”

___ **Disabled Vietnam Era Veteran** – Both of the above.

CITIZENSHIP

___ **Resident Foreign National** (an alien who has been admitted for permanent residence – must have Alien Registration Receipt Card, form I-551)

___ **Non-Resident Foreign National** (an alien admitted temporarily for specific purposes and periods of time)

___ **United States Citizens**

REFFERAL SOURCE

- ___ Walk-In
- ___ Internet
- ___ Newspaper (please list) _____
- ___ Other _____
- ___ Employment Security Commission
- ___ CADA Employee
- ___ JobLink Center
- ___ Relative