



Employment Application

309 Summit Avenue Kinston, NC
(252) 523-7770

Date: _____
Position Applied For: _____

(Please complete individual application for each position applied for)

Type of Employment: Full Time Part Time

Salary Desired _____

Date Available For Work: _____

Transportation Available For Work? : Yes _____ No _____

(Please Print)

Name (Last, First, Middle): _____

Address (Street, City, State, and Zip): _____

Telephone: Cell _____ Home _____ Work _____

Email address: _____

Are you 18 years or older? : Yes _____ No _____

Education

Highest Grade of Completion? _____ Name & Location of High School: _____

If you did not graduate from high school, have you passed the High School Equivalency Test? : Yes _____ No _____

(If yes, please list name of school): _____

Education Beyond	Name & Location	Number of years Completion	Credit Hours	Did You Graduate?	Degree/Diploma Received	Major
College or University						
Graduate or Professional						
Other education, internship, etc.						

Employment Record

(Please list 3 most recent work history. Begin with the most recent. If you are currently working, start with your current)

1. **Title of current or last position:** _____
Name of Supervisor: _____
Employer: _____
Address: _____
Phone Number: _____
Job Duties: _____
Start of Employment: _____ **End of Employment:** _____
Number of hours per week: _____ **Reason of leaving?** _____

2. **Title of current or last position:** _____
Name of Supervisor: _____
Employer: _____
Address: _____
Phone Number: _____
Job Duties: _____
Start of Employment: _____ **End of Employment:** _____
Number of hours per week: _____ **Reason of leaving?** _____

3. **Title of current or last position:** _____
Name of Supervisor: _____
Employer: _____
Address: _____
Phone Number: _____
Job Duties: _____
Start of Employment: _____ **End of Employment:** _____
Number of hours per week: _____ **Reason of leaving?** _____

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.

Professional References (Please do not list any friends or relatives)

Name	Address	Telephone Number	Years / Months Known

Have you ever been convicted of a criminal offense (felony or major misdemeanor)?

Yes _____ No _____

If yes, state nature of crime(s), when and where convicted, and disposition of the case. Please attach information listing the offense(s), the date(s) of the arrest, charge and/or conviction, and other relevant information.

Are you fully vaccinated against COVID-19 vaccination? Yes _____ No _____

Were you referred by a staff member of Greene Lamp Community Action for the position in which you are applying?

Yes _____ No _____

If yes, who were you referred by _____

Are you a former employee of Greene Lamp Community Action? Yes _____ No _____ If yes, when were you employed: _____ to _____

Are you a current/ former Head Start/ Early Head Start parent? Yes _____ No _____

Are you a family member of anyone currently serving on a board or committee of Greene Lamp? Yes _____ No _____

If yes, please list name: _____

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 chief operating officer of this organization. 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 12 months. 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 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 _____