Clear entire form

Enter company name and address in the field below.

Application for Employment

Gaston Community Action, Inc.
Post Office Box 1653
Gastonia, North Carolina 28053
Phone: 704.866.8721 Fax 704.866.8725

Equal access to programs, services and employment is available to all persons. Those applicants requiring a reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department. We are an equal opportunity employer.

Please Print

Position applied for _____ Application Date ____/____/____

Name _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP CODE

Home Phone (____) _____ Cellular/Other # (____) _____ E-mail address _____

Shift preferred ☐ 1 ☐ 2 ☐ 3 ☐ Any Expected pay _____

Would you accept full-time work? ☐ Yes ☐ No Would you accept part-time work? ☐ Yes ☐ No

On what date would you be available for work? _____

If necessary, best time to call you is _____:_____ AM ○ PM ○ ☐ Home ☐ Cellular/Other

How were you referred to our Company? _____

Have you submitted an application here before? ☐ Yes ☐ No If yes, please give date(s) and position(s): _____

_____

Have you ever been employed here? ☐ Yes ☐ No If yes, please give dates: _____

Is this application a request for reemployment following an extended military leave of absence from our Company? ☐ Yes ☐ No
If yes, additional information may be requested.

If you are under 18 years old, can you provide a work permit if required? ☐ Yes ☐ No

Are you legally eligible for employment in the United States? (If yes, proof is required if hired.) ☐ Yes ☐ No

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)?
NOTE: This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage, to the extent permitted by law.
☐ Yes ☐ No ☐ Need more information about the job's "essential functions" to respond

Will you travel if required? ☐ Yes ☐ No Will you work overtime if required? ☐ Yes ☐ No

If they have been explained to you, are you able to meet the attendance requirements of the position? ☐ Yes ☐ No ☐ N/A

Have you ever been bonded? ☐ Yes ☐ No

Please provide your driver's license number, if driving is required for this job. _____ State _____

Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for our Company? ☐ Yes ☐ No If yes, please explain: _____

_____

NOTE: Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.
Have you ever pleaded "guilty" or "no contest" to, or been convicted of, a crime? ☐ Yes ☐ No
If yes, please provide date(s) and details:

_____

_____

Employment Experience

Place an X by the employer(s) you DO NOT want us to contact. List your most recent employer first.

☐ Employer _____

Contact Name _____ E-mail _____

Address _____ Phone ( ) _____

Job Title _____ Supervisor _____

Dates employed: from (mm/yy) ___/___ to (mm/yy) ___/___ Hourly rate/salary: starting ___/___ final ___/___

Work performed _____

Reason for leaving _____

What did you like most about your position? _____

What were the things you liked least about the position? _____

☐ Employer _____

Contact Name _____ E-mail _____

Address _____ Phone ( ) _____

Job Title _____ Supervisor _____

Dates employed: from (mm/yy) ___/___ to (mm/yy) ___/___ Hourly rate/salary: starting ___/___ final ___/___

Work performed _____

Reason for leaving _____

What did you like most about your position? _____

What were the things you liked least about the position? _____

☐ Employer _____

Contact Name _____ E-mail _____

Address _____ Phone ( ) _____

Job Title _____ Supervisor _____

Dates employed: from (mm/yy) ___/___ to (mm/yy) ___/___ Hourly rate/salary: starting ___/___ final ___/___

Work performed _____

Reason for leaving _____

What did you like most about your position? _____

What were the things you liked least about the position? _____

Employment Experience (continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability.

_____

_____

_____

Have you ever been fired or asked to resign from a job? ☐ Yes ☐ No

If yes, please explain: _____

_____

_____

Education Background

High School: _____ Location _____

Course of study _____ Did you graduate? ☐ Yes ☐ No Degree or diploma _____

College: _____ Location _____

Course of study _____ Did you graduate? ☐ Yes ☐ No Degree or diploma _____

Graduate School: _____ Location _____

Course of study _____ Did you graduate? ☐ Yes ☐ No Degree or diploma _____

Vocational Training/Other: _____ Location _____

Course of study _____ Did you graduate? ☐ Yes ☐ No Degree or diploma _____

Continuing Education: _____

_____

_____

Special Training or Skills

Languages, machine operation, etc., that would be of benefit in the job for which you are applying.

_____

_____

_____

Social Security Number

SS# _____ – _____ – _____ The Company will make reasonable efforts to safeguard the privacy of this information and will use it only for employment purposes.

References

List names and telephone numbers of three business/work references who are **not** related to you and are **not** previous supervisors. If not applicable, list three school or personal references who are **not** related to you.

Name	Title	Relationship to You	Telephone	E-Mail	Years Known

Applicant Statement

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false or misleading information, omissions or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

If hired, I agree to conform to the Company's rules and regulations, and I understand that these rules and/or the employee handbook do not form a contract of employment either express or implied, and I agree that my employment and compensation can be terminated, with or without cause and with or without notice, at any time, at either my or the Company's option.

I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the Company. I understand that no Company representative, other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the forgoing.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, résumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives for seeking, gathering and using truthful and nondefamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

I also understand that, if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States as required by federal immigration laws.

This Company does not tolerate unlawful discrimination or harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state or local law. No question on this application is used to limit or exclude an applicant from employment consideration on any basis prohibited by applicable federal, state or local law.

Applicant's signature _____ **Date** ____/____/____

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ATTORNEY APPROVED