

APPLICATION FOR EMPLOYMENT

Concord Christian Center

INSTRUCTIONS TO APPLICANTS

TO BE CONSIDERED FOR EMPLOYMENT, YOU MUST ANSWER ALL QUESTIONS AND COMPLETE ALL SECTIONS OF THIS APPLICATION FORM.

CONCORD CHRISTIAN CENTER EMPLOYS ONLY US CITIZENS OR ALIENS WHO CAN PROVIDE PROOF OF IDENTITY AND WORK AUTHORIZATION WITHIN 3 WORKING DAYS OF EMPLOYMENT.

WHEN COMPLETING THIS APPLICATION, PLEASE MAKE SURE YOU

- COMPLETELY FILL OUT THE APPLICATION FOR EMPLOYMENT. (YOU MAY INCLUDE A RESUME)
- GIVE COMPLETE INFORMATION ON YOUR EDUCATION AND WORK HISTORY (**"SEE RESUME" IS NOT ACCEPTABLE**).
- LIST SEPARATELY EACH JOB HELD AND YOUR DUTIES FOR EACH POSITION WHEN YOU WORKED FOR ONE EMPLOYER AND HELD MORE THAN ONE POSITION.
- AS YOU DESCRIBE YOUR WORK HISTORY, MAKE SURE YOU HIGHLIGHT YOUR COMPETENCIES (KNOWLEDGE, SKILLS, ABILITIES AND WORK BEHAVIORS) WHICH DEMONSTRATE YOUR QUALIFICATIONS FOR THE POSITION FOR WHICH YOU ARE APPLYING.
- CHECK FOR ACCURACY, SIGN AND DATE YOUR APPLICATION.
- PROVIDE NECESSARY ITEMS FOR QUICKER PROCESSING OF APPLICATION:
 - COPY OF DRIVER'S LICENSE
 - COPY OF SOCIAL SECURITY CARD
 - PROOF OF AUTOMOBILE INSURANCE
 - COPIES OF TRAINING CERTIFICATIONS (FIRST AID, CPR, CONTINUING EDUCATION, etc)
 - COPY OF HIGH SCHOOL TRANSCRIPTS OR DIPLOMA (OR) AN OFFICIAL COLLEGE TRANSCRIPT
 - COPY OF TB TEST RESULTS TAKEN WITHIN THE LAST YEAR
- READ, SIGN, AND DATE AUTHORIZATION FOR RELEASE OF INFORMATION
- SIGN FORM AUTHORIZING BACKGROUND CHECK

THANK YOU FOR YOUR INTEREST IN CONCORD CHRISTIAN CENTER. WE WANT TO FIND THE BEST QUALIFIED PEOPLE AVAILABLE TO SERVE OUR CONSUMERS. ALTHOUGH EVERYONE WHO APPLIES CANNOT BE HIRED, YOUR APPLICATION WILL BE GIVEN EVERY CONSIDERATION. BEFORE BEGINNING WORK, YOU MAY BE REQUIRED TO TAKE A DRUG TEST.

NOTE: All elements of employment including, but not limited to, orientation, screenings, and competencies, must be **COMPLETED** before you are considered an **employee**. Until then, you will be considered an **applicant**.

APPLICATION FOR EMPLOYMENT

CONCORD
CHRISTIAN CENTER

Date of Application

Social Security No.	Last Name	First Name	Middle Name
Address (Street number and name)		City	County
State	Zip Code	Phone (Home or where you can be reached)	Business Phone

Availability Have you ever been employed with Concord Christian Center ? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you related to any person working for Concord Christian Center? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list their name and relationship to you.
--	--

Military Service
Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training? YES NO
Do you wish to declare a service-connected disability? YES NO
At the time of this application, are you the surviving spouse or dependent of a deceased veteran who died from service-related reasons? YES NO
Do you wish to declare eligibility for veteran's preference as the spouse of a disabled veteran? YES NO
Give dates of your (or spouse's) qualifying active military service:
Entered: _____ Separated: _____ Branch: _____ Rank: _____
Are you a member of the Military Reserves? YES NO Branch: _____ Rank: _____

AGENCY USE ONLY: ELIGIBILITY FOR VETERAN'S PREFERENCE: YES NO

CHECK the types of work you will accept: 1. Permanent full-time 2. Permanent 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 (mo/day/yr.) _____
Will you accept work anywhere in N.C.? YES NO (If no, list below the counties in which you would be willing to work.)
1. _____ 2. _____ 3. _____ 4. _____ 5. _____

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.	Major/Minor Course Work	Type of Degree Received
High School			YES <input type="checkbox"/> NO <input type="checkbox"/>			
College(s) University (s)			YES <input type="checkbox"/> NO <input type="checkbox"/>			
Graduate or Professional			YES <input type="checkbox"/> NO <input type="checkbox"/>			
Other educational, vocational school, internships, etc.			YES <input type="checkbox"/> NO <input type="checkbox"/>			

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: _____
---	---

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

SKILLS

CHECK the following skills, experiences, etc., which you have:

- | | | | | |
|--|--------|-------|---|--|
| <input type="checkbox"/> Driver's License | _____ | _____ | <input type="checkbox"/> Sign Language | <input type="checkbox"/> Legal transcription |
| | Number | State | <input type="checkbox"/> Foreign language (specify) _____ | <input type="checkbox"/> Medical transcription |
| <input type="checkbox"/> Chauffeur's License | _____ | _____ | <input type="checkbox"/> Adding Machine/calculator | <input type="checkbox"/> Braille |
| | Number | State | <input type="checkbox"/> Typing (specify WPM) _____ | <input type="checkbox"/> Word Processing |
| <input type="checkbox"/> Car for use at work | | | <input type="checkbox"/> Shorthand/speedwriting (specify WPM) _____ | <input type="checkbox"/> Other _____ |

Have you ever pled guilty or 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. As you describe your work history experiences, make sure you highlight your competencies which demonstrate your qualifications for the position for which you are applying.

Current or Last Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	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 that demonstrate your competencies related to the position for which you are applying 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:				
Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ _____ per	Ending or Current Salary \$ _____ per	Reason for Leaving	
Date Separated (mo/yr)	List major duties that demonstrate your competencies related to the position for which you are applying 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:				
Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ _____ per	Ending or Current Salary \$ _____ per	Reason for Leaving	
Date Separated (mo/yr)	List major duties that demonstrate your competencies related to the position for which you are applying 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:				

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 understand 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