Sampson Arts Council, Inc. Job Application

Date of Application	on:						
Personal Informat	tion						
Last 4 Digits of SS#:	Last Name:	First Nam	e:	Mido	dle Name:		
Mailing Address:		City:		s	State: ZIP: _		
Cell/Phone Number:		Email Address:					
Are you legally eligible t	to work in the United States	? Yes No					
Are you willing to reloca	ate to Sampson County with	nin six months of hire? Yes	No				
Referral Source							
Please indicate your ref	erral source:						
Education							
Schools	Name and Location	Dates Attended		S/Q Hrs.	Major/Minor Course	Type of	
		From: To:	•		Work	Degree	
						Received	
High School			YES/NO				
0 11 () 11 :			V/50/NO				
College(s) University (s)			YES/NO				
Graduate or Professional			YES/NO				
Other educational,			YES/NO				
vocational school,							
nternships, etc.							
Special training pr	ograms and seminar	s you have completed i	in the last five yea	ars (list):	:		
Relevant Skills &	Qualifications ly and provide details	where appropriate)					
			☐ Email Marketing	/ CRM (Platforms: IText F	ield1)	
☐ Tourism Marketing & Promotion ☐ Event Planning & Management			□ Email Marketing / CRM (Platforms: [Text Field])□ Microsoft Office Suite				
			☐ QuickBooks or other Accounting Software				
☐ Financial Management / Budgeting			•				
□ Social Media & [☐ Project Management Tools (Teams, SharePoint,						
☐ Website Management / CMS			Trello, Asana, etc.)				
□ Adobe Creative Suite / Canva			☐ Public Speaking / Community Presentations				

Accomplishments & Portfolio	
Notable projects, campaigns, or programs you've led: (Attach portfolio sample:	s if available.)
	,
References	
Provide at least three professional references:	
Name:	
Relationship:	
Company / Organization:	
Phone:	
Email:	
Name:	
Relationship:	
Company / Organization:	
Phone:	
Email:	
Name: Relationship:	
Company / Organization:	
Phone:	
Email:	
Name:	
Relationship:	
Company / Organization:	
Phone:	
Email:	

Other Skills / Notes:

Attachments: Resume Cover Letter Portfolio / Campaign Examples Certifications / Training

Licenses and certifications (List, giving dates and sources of issuance):									
SKILLS CHECK the following skills, experiences, etc., which you have:									
☐ Driver's License		Language							
☐ Chauffeur's License Number		ing Machine/calculator Braille ing (specify WPM) Word Processing							
☐ Car for use at work		rthand/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. 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 ☐ NO ☐					
			d to the position for which you are a	applying in order of their					
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 demor importance in the job:		onstrate your competencies related	d to the position for which you are a	applying in order of their					
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:					
Job Title.		Supervisor's Name	relephone Number	No. Supervised by you.					
Date Employed (mo/yr)	Starting Salary \$ per	Ending or Current Salary \$ per	Reason for Leaving						
T P		onstrate your competencies related	d to the position for which you are a	applying in order of their					
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									
Signature of Ap	plicant (unsigned applicat	ions will not be processed)		Date					