

ECONOMIC IMPROVEMENT COUNCIL, INC.

712 Virginia Road
 Post Office Box 549
 Edenton, North Carolina 27932

(252) 482-4495 • FAX: (252) 482-7564

APPLICATION FOR EMPLOYMENT

POSITION APPLYING FOR:

PERSONAL DATA (Please Print)

LAST NAME		FIRST NAME		MIDDLE INITIAL
PRESENT MAILING ADDRESS (Street, City, State, Zip Code)			TELEPHONE NUMBER (Include Area Code) Please list at least 2 Phone Numbers	Are you over 18 years of age? <input type="checkbox"/> YES <input type="checkbox"/> NO
Have you every been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO		Do you have a valid driver's license? (Answer only if operating a motor vehicle is a requirement of the job for which you are applying.) <input type="checkbox"/> YES <input type="checkbox"/> NO		
Earliest date available to begin work?		Are you legally employable within the United States at present time? <input type="checkbox"/> YES <input type="checkbox"/> NO		Are you able to fully perform the job functions of the position for which you are applying? <input type="checkbox"/> YES <input type="checkbox"/> NO

WORK EXPERIENCE - Account for all employment since High School or last ten years, whichever is less. List most recent employment first.

From Mo. / Year	To Mo. / Year	Employer Name, Address, Phone Number	Job Title	Wages Beg. End	Reason for Leaving

UNEMPLOYMENT PERIODS - Account for all unemployment since leaving school and between positions for the past ten years.

From Mo. / Year	To Mo. / Year	Give reason(s) for the period(s) of unemployment	Persons other than relatives who can confirm unemployment. (Please provide telephone number.)

EDUCATION

	School Name and Address	Course of Study	No. Years Attended	Graduate?
High School				<input type="checkbox"/> YES <input type="checkbox"/> NO
Trade or Technical School				<input type="checkbox"/> YES <input type="checkbox"/> NO
College or University				<input type="checkbox"/> YES <input type="checkbox"/> NO
Graduate School				<input type="checkbox"/> YES <input type="checkbox"/> NO

(OVER)

MILITARY SERVICE

Does your military experience have any relationship to the position for which you have applied? *(Explain)*

Branch: _____

From: _____ To: _____

Currently Active? YES NO

PERSONAL REFERENCES - Please provide three (3) references that have known you for at least five (5) years.

Name and Address

Telephone No. *(Including area code)*

Relationship

Please list any additional special skills, technical or professional knowledge, use of machines or equipment you may have, that would support your application.

List any licenses, certificates or professional achievements that would support your application.

NOTICE TO ALL APPLICANTS

Our agency is committed to providing a safe workplace and establishment of programs promoting high standards of employee health. Consistent with these commitments, we maintain a comprehensive policy with respect to alcohol and drug use. Our application process includes substance abuse detection methods. In addition, the agency reserves the right to periodically test all employees for drugs. We are a drug-free facility, and we intend to remain that way. Applicants who do not meet our requirements need not apply. We believe that our substance abuse policy will enable us to maintain a working environment free from the detrimental effects of alcohol and drug abuse.

READ CAREFULLY BEFORE SIGNING

I certify that the information I have provided to the foregoing questions is true and correct, and that no attempt has been made to conceal pertinent information. I authorize my former employers, schools, legal authorities and personal references to provide any information that may have regarding me, whether or not it is on their records. I hereby release all record and information providers from all liability for divulging same. I understand that all statements made are open to investigation by the employer, and that if any information given by me in this application is found to be false or misleading, I will be subject to immediate dismissal at any time during the period of my employment, and I agree to hold the employer and persons named herein blameless in that event.

If employment is obtained under this application, I agree to comply with all rules and regulations of the agency. I agree to be responsible for agency property and equipment issued to me by the agency until returned by me, and to pay for property and equipment not returned. I agree to submit to physical examination as required by the employer.

I understand and agree that my employment is "at will," for no definite period of time and may, regardless of the day of payment of any salary or wage, be terminated at any time for any reason, and that no representative of the employer has any authority to make any contrary agreement.

SIGNATURE OF APPLICANT

DATE