

DURHAM COUNTY COMMUNITY LIVING PROGRAMS, INC.

EMPLOYMENT APPLICATION

Date: _____

Identifying Information:

Name: _____
First Middle Last

Email: _____

Present Address: _____
Street City State Zip

Phone Number: (____) _____

Driver's License Number: _____
(A valid driver's license is a requirement for employment.)

Position applying for: _____

Referred by: _____

Are you currently employed? Yes No

Are you 18 years of age or older? Yes No

Do you speak Spanish? Yes No

Do you know sign language? Yes No

Have you ever applied for a position with our organization before? Yes No When? _____

Employment Information:

List employment starting with present employment, then list the next most recent employment, etc.

Name and Address of Employer	Salary / Wages	Position	Employment Dates	Reason for Leaving
1.				
2.				
3.				
4.				
5.				

Education:

	Name, City, & State of School	Last Year Completed	Did you Graduate?	List any Degrees Received (Major)
High School				
College				
Technical				
Graduate				

Personal Information:

List any special training, studies, or classes you have taken relative to Human Services work:

List any special experiences which qualify you for this position:

List hobbies or other activities that you enjoy:

Why did you apply for this position?

Why should you be considered for this position?

Have you ever been convicted of charges other than minor traffic violations? Yes _____ No _____

If yes, please explain: _____

Do you have any physical limitations that would prevent you from performing any work for which you are being considered? Yes _____ No _____ If yes, please explain: _____

In Case of Emergencies Contact:

Name _____ Address _____ Phone (____) _____

References: List below five persons not related to you that you have known at least one year, **one of these persons MUST be a current/previous supervisor.**

Name	Complete Address (Street, City, State and Zip Code)	How Acquainted	Years Acquainted
1.			
2.			
3.			
4.			
5.			

Authorization:

I understand and authorize Durham County Community Living Programs, Inc. to investigate all the information that I have provided by completing this application form. If I am employed by Durham County Community Living Programs, Inc., I understand and agree that any information that has been misrepresented on this application by me is grounds for dismissal. I understand and agree that if I am employed by Durham County Community Living Programs, Inc., that such employment is for no definite period of time and my employment may be terminated by Durham County Community Living Programs, Inc. at any time for any reason and without notice regardless of any payroll schedule. I understand and show agreement with this authorization statement, and information provided in this application by dating and signing below.

Date: _____

Signature: _____

THIS EMPLOYMENT APPLICATION IS ACTIVE FOR 30 DAYS ONLY

Durham County Community Living Programs, Inc. is an equal opportunity employer and will not discriminate against anyone in our hiring practices on the grounds of sex, race, color, religion, or national origin.