DISABILITY RESOURCE CENTER

Employment Application

APPLICANT INFORMATION

Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for			

Are you a citizen of the United States? YES ☐   NO ☐   If no, are you authorized to work in the U.S.? YES ☐   NO ☐

Have you ever worked for this company? YES ☐   NO ☐   If so, when?

Have you ever been convicted of a felony? YES ☐   NO ☐   If yes, explain

EDUCATION

High School		Address		
From To	Did you graduate? YES ☐ NO ☐	Degree		
College		Address		
From To	Did you graduate? YES ☐ NO ☐	Degree		
Other		Address		
From To	Did you graduate? YES ☐ NO ☐	Degree		

REFERENCES

Please list three professional references.

Full Name	Relationship
Company	Phone ( )
Address	

Full Name	Relationship
Company	Phone ( )
Address	

Full Name	Relationship
Company	Phone ( )
Address	

PREVIOUS EMPLOYMENT

Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary	$	Ending Salary $
Responsibilities			
From To	Reason for Leaving		
May we contact your previous supervisor for a reference? YES ☐ NO ☐			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary	$	Ending Salary $
Responsibilities			
From To	Reason for Leaving		
May we contact your previous supervisor for a reference? YES ☐ NO ☐			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary	$	Ending Salary $
Responsibilities			
From To	Reason for Leaving		
May we contact your previous supervisor for a reference? YES ☐ NO ☐			

MILITARY SERVICE

Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date

PLEASE DESCRIBE YOUR <u>PERSONAL LIFE EXPERIENCE</u> WORKING WITH PEOPLE WITH DISABILITIES:

PLEASE RETURN YOUR WRITTEN RESPONSE AND THE COMPLETED APPLICATION FORM TO:
DISABILITY RESOURCE CENTER
ATTN: EXECUTIVE DIRECTOR
140-A CINEMA DRIVE
WILMINGTON, NC 28403