



350 Orchard View Drive • PO Box 700 • Franklin, NC 28744  
(828) 524-4471 • 1-800-563-4022 • Fax: (828) 524-0823

## Application for Employment

### INSTRUCTIONS TO APPLICANTS

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

#### WHEN COMPLETING THIS APPLICATION, MAKE SURE YOU:

- Apply for one vacancy per application.
- Give complete information on your education and work history ("See Resume" is not acceptable).
- 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

Thank you for your interest in Macon Program for Progress. MPP wants to find the best qualified people available to serve its clients. Although everyone who applies cannot be hired, each application will be given every consideration.

#### Personal Information

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip Code

Phone (home or where you can be reached): \_\_\_\_\_ Business Phone: \_\_\_\_\_

Are you legally eligible to work in the U.S.? ( ) Yes ( ) No Are you 18 years or older: ( ) Yes ( ) No

For positions that require driving, do you have a current, valid NC driver's license? ( ) Yes ( ) No

#### Position Applying For

Title: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Referred By: \_\_\_\_\_ Date Available: \_\_\_\_\_

#### Education

Select highest grade completed: College Graduate School

Under S/Q Hrs. list the hours of credit received and if they were semester (S) or quarter (Q) hours.

Schools	Name and Location	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, etc.		YES <input type="checkbox"/> NO <input type="checkbox"/>			

Special training, seminars, courses, or memberships in professional, honorary, or technical societies not covered by previous education record:

---

---

---

Please list any criminal convictions, other than minor traffic violations, which would appear in a criminal record check. Please note that ALL employees working in daycare or Head Start must submit to a criminal record check after hiring. Random drug and alcohol screenings will also be conducted after hiring.

**Employment Record**

List the principle jobs in your work history, listing your **present or most recent job first**.

1. \_\_\_\_\_  
Name of Company \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_ Date: From \_\_\_\_\_ to \_\_\_\_\_  
Job Title \_\_\_\_\_ Month/Year \_\_\_\_\_ Month/Year  
Major Duties: \_\_\_\_\_  
Hours per week \_\_\_\_\_ Rate of Pay \$ \_\_\_\_\_ per \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

2. \_\_\_\_\_  
Name of Company \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_ Date: From \_\_\_\_\_ to \_\_\_\_\_  
Job Title \_\_\_\_\_ Month/Year \_\_\_\_\_ Month/Year  
Major Duties: \_\_\_\_\_  
Hours per week \_\_\_\_\_ Rate of Pay \$ \_\_\_\_\_ per \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

3. \_\_\_\_\_  
Name of Company \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_ Date: From \_\_\_\_\_ to \_\_\_\_\_  
Job Title \_\_\_\_\_ Month/Year \_\_\_\_\_ Month/Year  
Major Duties: \_\_\_\_\_  
Hours per week \_\_\_\_\_ Rate of Pay \$ \_\_\_\_\_ per \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

4. \_\_\_\_\_  
Name of Company \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_ Date: From \_\_\_\_\_ to \_\_\_\_\_  
Job Title \_\_\_\_\_ Month/Year \_\_\_\_\_ Month/Year  
Major Duties: \_\_\_\_\_  
Hours per week \_\_\_\_\_ Rate of Pay \$ \_\_\_\_\_ per \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

**References**

Please give **names and available contact information** of two people who know your work experience and ability. Also, give **names and available contact information** of two people who know you personally.

**Work References**

1. Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

Street City State Zip Code

2. Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

Street City State Zip Code

**Personal References**

1. Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

Street City State Zip Code

2. Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

Street City State Zip Code

Does a member of your immediate family (see list below) work for Macon Program for Progress or serve on the Board of Directors for MPP? Yes  No

If yes, please list their name and department or capacity in which they serve.

\_\_\_\_\_

Note: A member of his/her immediate family shall be defined as, and be limited to the following:

- |              |                 |                     |
|--------------|-----------------|---------------------|
| Spouse       | Children        | Step-Children       |
| Brothers     | Brothers-in-Law | Half-Brothers       |
| Sisters      | Sisters-in-Law  | Half-Sisters        |
| Aunts        | Uncles          | Nieces              |
| Nephews      | Parents         | Parents-in-Law      |
| Grandparents | Grandchildren   | Grandparents-in-Law |

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. ANY FALSIFICATION OF INFORMATION ON THIS JOB APPLICATION SHALL BE GROUNDS FOR AUTOMATIC TERMINATION AFTER HIRING.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Unsigned applications will not be processed. Please print, sign, and deliver to MPP.)

*MPP provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws. All qualified applicants are welcome to submit applications.*