



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 (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

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 Graduate School 1 2 3 4
 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:

All applicants/employees must submit to a criminal record check and drug and alcohol screenings 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 _____

*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.*

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: _____