WE ARE AN EQUAL OPPORTUNITY EMPLOYER

**EXPERIMENT IN SELF-RELIANCE, INC (ESR)**

3480 Dominion Street

Winston-Salem, NC 27105

Applicants are not required to give any information prohibited by law. Our employment policies are non-discriminatory with respect to age, sex, sexual orientation, race, color, national origin, handicapped status for qualified applicants or qualified disabled veterans and Vietnam era veteran applicants.

**PLEASE PRINT OR TYPE ALL ENTRIES ON THIS FORM**

**Today’s Date:** \_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Last Name** | **First Name** | **Middle Name or Maiden Name (if applicable)** |
|  |  |  |
| **Current Address** | **Telephone Number** | **Email Address** |
|  |  |  |
|  |  |  |
| **Position Applying For** | **Salary Desired** |
| **Referred by** | **Are you 18 (eighteen) years of age or older?**□ Yes □ No**If hired, can you furnish proof of age?**□Yes □ No |

**Have you ever been convicted of a felony?** □ Yes □ No If your answer is “YES”, explain below. (Conviction is not an automatic debarment to employment).

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**Are you a U.S. Citizen?** □ Yes □ No If not, what is your current Visa status? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you related to any person now employed by Experiment in Self-Reliance, Inc.?** □ Yes □ No

If yes, please list Name and Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you related to any person working with another organization or group concerned with the War on Poverty either as an employee or as a member of a community council, or in any other capacity?** □ Yes □ No

If yes, please list Name, Organization and Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you have a valid North Carolina Driver’s License?** □ Yes □ No

**Do you have reliable transportation?** □ Yes □ No

**Person to be notified in case of an illness or emergency:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Military Service** □ Yes □ No If yes, Branch of Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Years in Service \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Duties/Skills Acquired:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**EDUCATION**

**HIGH SCHOOL**

|  |  |  |
| --- | --- | --- |
| Name and Address | Number of Years Completed | Did You Graduate? |
|  |  |  |
|  |  |  |

**COLLEGES AND UNIVERSITIES**

|  |  |  |  |
| --- | --- | --- | --- |
| Name and Address | Number of Years Completed | Major | Degrees/Diploma/Certificate Earned |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Please include any information you believe would complete the picture of your background, qualifications and interests, such as future educational plans, hobbies, membership in fraternal and charitable organizations, volunteer work you may have done with civic organizations, fundraising, etc. You may also include special or vocational training you may have had. (Continue on separate page if more space is needed).**

|  |
| --- |
|  |

**EMPLOYMENT**

List all employment during the last 10 years beginning with your most recent employment.

**Current or Most Recent:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Employer Name: |  | Dates From: |  | To |  |
| Employer Address: |  | Phone: |  |
| Final Salary |  | Hourly Rate: |  |
| Title(s) & Duties |  |
|  |
| Reason For Leaving |  |
| Supervisor |  | May we contact this employer? |  |

**Previous:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Employer Name: |  | Dates From: |  | To |  |
| Employer Address: |  | Phone: |  |
| Final Salary |  | Hourly Rate: |  |
| Title(s) & Duties |  |
|  |
| Reason For Leaving |  |
| Supervisor |  | May we contact this employer? |  |

**Previous:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Employer Name: |  | Dates From: |  | To |  |
| Employer Address: |  | Phone: |  |
| Final Salary |  | Hourly Rate: |  |
| Title(s) & Duties |  |
|  |
| Reason For Leaving |  |
| Supervisor |  | May we contact this employer? |  |

**Previous:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Employer Name: |  | Dates From: |  | To |  |
| Employer Address: |  | Phone: |  |
| Final Salary |  | Hourly Rate: |  |
| Title(s) & Duties |  |
|  |
| Reason For Leaving |  |
| Supervisor |  | May we contact this employer? |  |

**Previous:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Employer Name: |  | Dates From: |  | To |  |
| Employer Address: |  | Phone: |  |
| Final Salary |  | Hourly Rate: |  |
| Title(s) & Duties |  |
|  |
| Reason For Leaving |  |
| Supervisor |  | May we contact this employer? |  |

**REFERENCES**

List three persons who can provide information on your workplace performance in the last four years.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NAME | ADDRESS | PHONE NUMBER | EMAIL ADDRESS | NUMBER OF YEARS ACQUAINTED |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

I declare my answers to the questions on this application are true and authorize Experiment in Self-Reliance, Inc. to verify all information provided. I understand that misrepresentation or omission of facts called for in this application may be cause for rejection of the application or separation from the Agency’s service if I have been employed. I understand that this inquiry includes information as to my character, general reputation, and personal characteristics, whichever may be applicable. In accordance with the law, I hereby release from all liability or responsibility all persons, companies or corporations furnishing such information.

Additional Comments:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR OFFICE USE ONLY:**

**REFERRAL INFORMATION**

TO DATE REMARKS

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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