

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

E. S. R.
EXPERIMENT IN SELF-RELIANCE, INC.
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.

FORSYTH COUNTY'S ANTI-POVERTY AGENCY

PLEASE PRINT OR TYPE ALL ENTRIES ON THIS FORM

Last Name	First Name	Middle Name or (Maiden Name)	Date
Current Address		Telephone	
Position Applied For	Salary Desired	Referred by	
Social Security Number	Are you eighteen years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No If hired, can you furnish proof of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		

MEDICAL HISTORY:

If accepted for employment, an applicant is required to have a physical examination, either from the County Health Department or his/her private physician, and have the report mailed to the Personnel Department before the applicant begins work. (If applicant has had a physical within the past three months, that report may be submitted).

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).

If you are not a U.S. Citizen, what is your current Visa status? _____

Are you related to any person now employed by the Experiment in Self-Reliance, Inc.? _____

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 answer to either of the above is "yes", explain below:

Do you type? Yes No If yes, give speed _____

Do you take shorthand? Yes No If yes, give speed _____

Do you have a valid North Carolina Driver's License? Yes No

Do you own or have access to an automobile? Yes No

Person to be notified in case of illness or emergency: Name _____ Telephone _____

Address _____

Relationship _____

Are you a veteran? Yes No Branch of Service _____

Date Entered _____ Date Separated _____

List specialized training _____

Circle highest grade completed in school below the college level

1 2 3 4 5 6 7 8 9 10 11 12

Date graduated or left school _____

Name and address last school attended below college level

COLLEGES AND UNIVERSITIES

Name and Address	Years attended		Major	Total Semester Hours of Credits	Degrees/Honors or Distinctions
	From	To			

Enter here any information you consider 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 churches, civic organizations, fund raising, etc. You may also include special or vocational training you may have had. (Continue on back page if more space is needed).

EMPLOYMENT RECORD

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

Date: From _____ To _____ Name of Company _____

Address _____

Job Title _____ Final Salary _____ Hour _____ Week _____ Month _____

Duties you performed _____

Reason for leaving _____

Supervisor's Name and Title _____

Dates: From _____ To _____ Name of Company _____

Address _____

Job Title _____ Final Salary _____ Hour _____ Week _____ Month _____

Duties you performed _____

Reason for leaving _____

Supervisor's Name and Title _____

Dates: From _____ To _____ Name of Company _____

Address _____

Job Title _____ Final Salary _____ Hour _____ Week _____ Month _____

Duties you performed _____

Reason for leaving _____

Supervisor's Name and Title _____

REFERENCES

Give the name and addresses of three person, (may list one relative) who have known you for at least two years and are knowledgeable of your character, ability, experience, and qualifications.

NAME	ADDRESS	TELEPHONE	OCCUPATION	YEARS KNOWN

I declare my answers to the questions on this application are true and give the Experiment in Self-Reliance, Inc. the right to investigate all information given and to secure additional information, if necessary. 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.

Space for Additional Comments:

Date _____ Signed _____

FOR OFFICE USE ONLY:

REFERRAL INFORMATION

TO	DATE	REMARKS