

APPLICATION FOR EMPLOYMENT
PLEASE PRINT OR TYPE

PERSONAL INFORMATION

Print Name	<i>(Last)</i>	<i>(First)</i>	<i>(Middle)</i>	DATE
Address				
<i>Number and Street</i>				
City	State	Zip Code		Telephone
Citizen of the U.S.?	YES NO	*If NO, are you legally allowed to work in the U.S.?	YES NO	Write registration number here _____

JOB INTEREST

Position Desired	Salary Expected	Date Available
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EDUCATION

	School Name	Address	Major Studies	Degree(s)	Dates Attended
High School					
College					
Business or Vocational					

Other Special Knowledge or Skills

WORK HISTORY

List all employment, starting with your most recent employer. Include job-related volunteer work.

Dates of Employment	Employer Name and Address	Job Title and Duties	Name of Supervisor	Reason for Leaving	Highest Salary

MILITARY

Lumber River Council of Governments
(Equal Opportunity Employer) 01/06 (gc)

Branch of U.S. Service	Date Entered	Date Discharged	Final Rank	Type Discharge
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Are you presently a member of the United States Military Reserve _____ National Guard _____

OFFICE SKILLS

Do you type? YES *If YES, WPM _____ What office machines can you operate?
 NO _____

OTHER INFORMATION

Have you ever been convicted of a felony? YES * If YES, please explain
 NO

Do you have a valid driver's license? YES _____ NO _____
 Do you have access to reliable transportation? YES _____ NO _____

PERSONAL REFERENCES

List the names and phone number of three references. No relatives please.

NAME	ADDRESS	PHONE NUMBER

I hereby certify that there were no willful misrepresentations, omissions, or falsifications of the above statements and answers to questions. I am aware that should investigations disclose such misrepresentations, omissions, or falsifications, my application will be rejected. I also authorize my former employers to give any information regarding my employment, together with any information they may have regarding me, whether or not it is on their records. I hereby release them from any damage whatsoever for issuing same.

I understand that, if I am employed, I will be on probation for a period of one year and during that time I will be subject to discharge as stated in the Lumber River Council of Governments' Policy concerning Probationary Employees.

Signature of Applicant _____ Date _____

Lumber River Council of Governments
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LUMBER RIVER COUNCIL OF GOVERNMENTS
EQUAL OPPORTUNITY INFORMATION

Lumber River Council of Governments policy prohibits discrimination based on race, sex, color, creed, national origin, age or handicap. The information requested below will in no way affect you as an applicant. Its sole use will be to see how well our recruitment efforts are reaching all segments of the population.

Date: _____

Name: _____

Sex: _____ Age: _____

Race: White Black American Indian Spanish Surnamed Other

Marital Status: _____ Position applied for: _____

How did you find out about this position? By Newspaper: Yes No
If by newspaper, please identify which paper.

Robesonian _____

St. Pauls Review _____

Carolina Indian Voice _____

Red Springs Citizen _____

The Community News _____

Other (please name) _____

If not by newspaper, please identify:

By **“word of mouth”**: _____

By **“Other”**: _____

By inquiring at the Personnel Department Yes No

What is the name of the street or road you live on or near? _____

What town or community do you live in or near? _____

Which of the newspapers above do you consider as your local newspaper? _____

What township do you live in? _____