606 Lumbee Street • P.O. Drawer 910 • Pembroke, NC 28372



Application For Employment

An Equal Opportunity Employer

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a job-related medical condition or handicap, status with regard to public assistance or any other legally protected status.

Date of Application:		
Position(s) Applied For:		
How did you learn about this position?		
Are you a relative, friend or previous co-worker of a current PHA employee?	☐ Yes ☐ No	
If yes, please state the employee and your relationship:		
Applicant Name:		
Last	First M	I
Address: City:	State: Zip:	
Phone Number(s) Where You Can Be Reached During the: Day:	Evening:	
Are you under 18 years of age?	☐ Yes ☐ No	
Can you provide required proof of your eligibility to work?	☐ Yes ☐ No	
Have you ever been employed by the PHA?	☐ Yes ☐ No	
Are you currently employed?	☐ Yes ☐ No	
May we contact your present employer?	☐ Yes ☐ No	
If offered the position, will you be able to supply proof of eligibility to work lawfully in the United States as required by U.S. law?	☐ Yes ☐ No	
On what date would you be available to start?		
Are you seeking: ☐ Full Time ☐ Part Time ☐ Temporary work? (check of	all that apply)	
Are you willing and able to travel between sites if your position requires it?	☐ Yes ☐ No	
Have you been convicted of a felony?	☐ Yes ☐ No	
If yes, please explain the charges as related to you. (Conviction will not nece	ssarily disqualify you from employment):	

Education					
Type of School	Name of School	Address	Course of Study	Years Completed	Diploma/Degr Awarded
High School					
College/University					
Graduate School					
Professional School					
Technical School					
If yes, please indicate Please describe any special Please list any special	write any languages other the language and level of pecialized training, appren cation: Lized job-related skills you other special qualification	proficiency:ticeship, skills, and/or extr	acurricular activities that	t knowledge:	

Employment Experience

Please list all employment experience for the past IO years, starting with present or most recent job. Please use back of sheet if more space is needed. Include any job-related volunteer experience (you may exclude volunteer experience which indicates race, color, religion, gender, national origin, disabilities, or other legally protected class). Use additional sheets if necessary.

Employer:	Employment Dates	Pay/Salary	
Address:	From:	Starting:	
Phone:	То:	Ending:	
Supervisor:	Job Title:		
Reason for Leaving:			
Essential Job Responsibilities:			
Employer:	Employment Dates	Pay/Salary	
Address:	From:	Starting:	
Phone:	То:	Ending:	
Supervisor:	Job Title:		
Reason for Leaving:			
Essential Job Responsibilities:			
Employer:	Employment Dates	Pay/Salary	
Employer: Address:	Employment Dates From:	Pay/Salary Starting:	
Address:	From:	Starting:	
Address: Phone:	From: To:	Starting:	
Address: Phone: Supervisor:	From: To:	Starting:	
Address: Phone: Supervisor: Reason for Leaving:	From: To:	Starting:	
Address: Phone: Supervisor: Reason for Leaving:	From: To:	Starting:	
Address: Phone: Supervisor: Reason for Leaving: Essential Job Responsibilities:	From: To: Job Title:	Starting: Ending:	
Address: Phone: Supervisor: Reason for Leaving: Essential Job Responsibilities: Employer:	From: To: Job Title: Employment Dates	Starting: Ending: Pay/Salary	
Address: Phone: Supervisor: Reason for Leaving: Essential Job Responsibilities: Employer: Address:	From: To: Job Title: Employment Dates From:	Starting: Ending: Pay/Salary Starting:	
Address: Phone: Supervisor: Reason for Leaving: Essential Job Responsibilities: Employer: Address: Phone:	From: To: Job Title: Employment Dates From: To:	Starting: Ending: Pay/Salary Starting:	
Address: Phone: Supervisor: Reason for Leaving: Essential Job Responsibilities: Employer: Address: Phone: Supervisor:	From: To: Job Title: Employment Dates From: To:	Starting: Ending: Pay/Salary Starting:	

1	ilities, or other legally protected class:		
2			
3			
ersonal References	Please provide us with three professional refe	proness not related to you	whom we may contac
Name	Address/City/State/Zip	Phone	Relationship
			T
			+
			+
without reasonable accommo	ance and caretaker positions are required to com ment becoming final. There is no charge to the fin	plete a pre-employment ph	nysical examination
Final candidates will be requi This screening will be kept co	red to complete a pre-employment drug screenir nfidential.	ng as a condition to employ	ment.
the final candidate, you may lor the Federal Bureau of Investo challenge the accuracy and	of a criminal background check prior to an offer be required to authorize us to conduct a criminal stigation. By law you have the right to receive a cd completeness of the information contained in the of the result of the background check.	background check through	n the NCIC and/ t to you, the right
Would you like a copy of the	report, if applicable? 🔲 Yes 🖵 No		
pplicant's Statement			
	erein are true and complete to the best of my kno atements contained in this application for emplo	_	_
employment at any time with	nowledge that employment with PHA is on an "at or without notice and that PHA can terminate er n the company other than the Executive Director	mployment at any time witl	h or without cause. I
	understand that false or misleading information . I acknowledge that I am required to abide by al	- : : :	