

GENERAL INFORMATION

- 1. Are you eligible for employment in the USA? _____
- 2. Have you ever been convicted of a crime, excluding misdemeanors and summary offense? _____
If yes describe in Full: _____

- 3. Have you ever been discharged or asked to resign from a position? _____
If yes describe in Full: _____

- 4. Are you subject to call for active military duty or training? _____
If yes, what form and when? _____

- 4. Will you accept employment involving travel to conferences and such? _____
- 5. Where you in the U.S. Armed forces?
If yes, what branch? _____



I understand and agree that:

- 1. Any material misrepresentation or deliberate omission of fact in my application may be justification for refusal, or if employed, termination from employment.
- 2. It is my understanding that The GEM Center will make a thorough investigation of my entire work history and may verify all data given in my application for oral interviews. I authorize such investigation and the giving and receiving of any information requested by The GEM Center and I release from any liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent me from being hired, or if hired, may subject me to immediate dismissal.
- 3. Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, a rotating work schedule, or a work schedule other than Monday through Friday. I understand and accept these conditions of my continued employment.
- 4. I further understand that this is an application for employment and that no employment contact is being offered.
- 5. I understand that if I am employed, such employment is for no definite period of time and the The GEM Center can change wages, benefits, and conditions at any time.
- 6. I realize that The GEM Center is a non-profit corporation.

I have read and understand the above.

Signed: _____ **/ Date:** _____

Employer	Type of organization	Address		Phone:
Job Title		Name and Title of Supervisor		Number of employees supervised by you__
Date employed	Starting salary \$ per hour	Ending Salary \$	Reason for leaving	
Full Time Years__ Months	Job Duties			
Part Time Years__ Months__				
Number of hours per week				

Employer	Type of organization	Address		Phone:
Job Title		Name and Title of Supervisor		Number of employees supervised by you__
Date employed	Starting salary \$ per hour	Ending Salary \$	Reason for leaving	
Full Time Years__ Months	Job Duties			
Part Time Years__ Months__				
Number of hours per week				

References

List individuals familiar with your capabilities. Do not list former employers or relatives.

Name:	Occupation:	Address:	Phone #

List fields of work for which you are licensed, registered, or certified, and give date of issuance.

Type of Registration:	State	Number:	Exp. Date

Check the following Skills, Experience, Etc. which you have: Check all that apply;

<input type="checkbox"/>	Driver's license	<input type="checkbox"/>	Foreign Language	<input type="checkbox"/>	Word processing:
<input type="checkbox"/>	Commercial License	<input type="checkbox"/>	Specify:	<input type="checkbox"/>	Publisher
<input type="checkbox"/>	Car for use at Work	<input type="checkbox"/>	Sign Language	<input type="checkbox"/>	Print Shop
<input type="checkbox"/>	Other:	<input type="checkbox"/>		<input type="checkbox"/>	Excel
<input type="checkbox"/>	Explain	<input type="checkbox"/>		<input type="checkbox"/>	Quickbooks



**Application for Employment
The GEM Center**

(252) 480-3354 FAX: 480-0359

Date:	Social Security #
Last name:	First name:
Mailing Address:	E-Mail Address:
Telephone #	Cell#
Position Desired:	Salary desired:

Record of Education

School	Name of School	Course of Study	Completion	Did you Graduate?	Degree/Diploma
			5 6 7 8 ○ ○ ○ ○	Yes__ /No__	
			9 10 11 12 ○ ○ ○ ○	Yes__ /No__	
			13 14 15 16 ○ ○ ○ ○	Yes__ /No__	
			17 18 19 20 ○ ○ ○ ○	Yes__ /No__	

Employment History

Please list below present and past employment, beginning with your most recent

Employer	Type of organization	Address		Phone:
Job Title		Name and Title of Supervisor		Number of employees supervised by you__
Date employed	Starting salary \$ per hour	Ending Salary \$	Reason for leaving	
Full Time Years__ Months__	Job Duties			
Part Time Years__ Months__				
Number of hours per week				