

# THE TAR HEEL COMPANIES OF NORTH CAROLINA, INC.

## APPLICATION FOR EMPLOYMENT

### INSTRUCTIONS TO APPLICANTS

TO BE CONSIDERED FOR EMPLOYMENT, YOU MUST ANSWER ALL QUESTIONS AND COMPLETE ALL SECTIONS OF THIS APPLICATION FORM.

THE TAR HEEL COMPANIES OF NORTH CAROLINA, INC. (HEREINAFTER REFERRED TO AS THE TAR HEEL COMPANIES) EMPLOY ONLY U.S. CITIZENS OR ALIENS WHO CAN PROVIDE PROOF OF IDENTITY AND WORK AUTHORIZATION WITHIN 3 WORKING DAYS OF EMPLOYMENT.

#### WHEN COMPLETING THIS APPLICATION, PLEASE MAKE SURE YOU

- COMPLETE THE SECTION FOR EQUAL OPPORTUNITY INFORMATION.
- APPLY FOR ONE VACANCY PER APPLICATION.
- GIVE COMPLETE INFORMATION ON YOUR EDUCATION AND WORK HISTORY ("SEE RESUME" IS NOT ACCEPTABLE).
- LIST SEPARATELY EACH JOB HELD AND YOUR DUTIES FOR EACH POSITION WHEN YOU WORKED FOR ONE EMPLOYER AND HELD MORE THAN ONE POSITION.
- AS YOU DESCRIBE YOUR WORK HISTORY, MAKE SURE YOU HIGHLIGHT YOUR COMPETENCIES (KNOWLEDGE, SKILLS, ABILITIES AND WORK BEHAVIORS) WHICH DEMONSTRATE YOUR QUALIFICATIONS FOR THE POSITION FOR WHICH YOU ARE APPLYING.
- PROVIDE YOUR SOCIAL SECURITY NUMBER.
- CHECK FOR ACCURACY, SIGN AND DATE YOUR APPLICATION.

THANK YOU FOR YOUR INTEREST IN THE TAR HEEL COMPANIES. WE WANT TO FIND THE BEST QUALIFIED PEOPLE AVAILABLE. ALTHOUGH EVERYONE WHO APPLIES CANNOT BE HIRED, YOUR APPLICATION WILL BE GIVEN EVERY CONSIDERATION.

#### Equal Opportunity Information

The Tar Heel Companies policy prohibits discrimination based on race, sex, color, creed, national origin, age or disability. Sex, age or absence of disability is a bona fide occupational qualification in a small number of jobs. 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 of Birth

(Month) (Day) (Year)

#### Gender

Male

Female

**DISABILITY:** "Disability means, with respect to an individual: (1) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (2) a record of such an impairment; or (3) being regarded as having such an impairment" (Americans with Disabilities Act of 1990). Persons without a disability should check item A. The reporting of a **disability is strictly VOLUNTARY**. Persons with disabilities who **DO NOT WISH** to report their disabilities should check item A. Information reported on this form will be kept confidential as required by State law. Public disclosure of this information without your consent would be a violation of G.S. 126-27.

#### ETHNIC GROUP

1.  White (non-Hispanic)
2.  Black (non-Hispanic)
3.  Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race)
4.  Asian (including Pacific Islander)
5.  American Indian (including Alaskan native)

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>A</b> <input type="checkbox"/> None/Prefer not to report</p> <p><b>B</b> <input type="checkbox"/> Blind or severely visually impaired</p> <p><b>C</b> <input type="checkbox"/> Deaf or severely hearing impaired</p> <p><b>D</b> <input type="checkbox"/> Loss of limited use of arms and/or hands</p> <p><b>E</b> <input type="checkbox"/> Non-ambulatory (must use wheelchair)</p> <p><b>F</b> <input type="checkbox"/> Other orthopedic impairment (including amputation, arthritis, back injury, cerebral palsy, spina bifida, etc.)</p> | <p><b>G</b> <input type="checkbox"/> Respiratory impairment</p> <p><b>H</b> <input type="checkbox"/> Nervous system/ Neurological disorder</p> <p><b>I</b> <input type="checkbox"/> Mentally restored</p> <p><b>J</b> <input type="checkbox"/> Mental retardation</p> <p><b>K</b> <input type="checkbox"/> Learning disability</p> <p><b>L</b> <input type="checkbox"/> Others (heart disease, diabetes, speech impairment)</p> <p><b>M</b> <input type="checkbox"/> Other (please specify)</p> <p>_____</p> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

# APPLICATION FOR EMPLOYMENT

Date of Application \_\_\_\_\_

Social Security No.	Last Name	First Name	Middle Name
Address (Street number and name)		City	County
State	Zip Code	Phone (Home or where you can be reached)	Business Phone

Are you related by blood or marriage to any person now working for the The Tar Heel Companies?  YES  NO  
 If yes, give name, relationship to you and the agency where employed.

CHECK the types of work you will accept:  1. Permanent full-time  2. Permanent part-time  3. Temporary full-time  
 4. Temporary part-time  5. Any of the preceding  6. Work involving Travel  7. Shift or Split Shift Work

If you are not available for work now, enter the earliest date you could begin work (mo/day/yr.) \_\_\_\_\_

Will you accept work anywhere in N.C.?  YES  NO (If no, list below the counties in which you would be willing to work.)

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

### Jobs Applied For

Enter below the specific title(s) of the job(s) for which you are applying. Please list no more than three on this application.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

### Referral Source

Please indicate your referral source: \_\_\_\_\_

### Education

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 Graduate School 1 2 3 4

Under S/Q Hrs., list the hours of credit received and if they were semester (S) or quarter (Q) hours.

Schools	Name and Location	Dates Attended (mo/yr)		Grad?	S/Q Hrs.	Major/Minor Course Work	Type of Degree Received
		From:	To:				
High School				<input type="checkbox"/> YES <input type="checkbox"/> NO			
College(s) University(s)				<input type="checkbox"/> YES <input type="checkbox"/> NO			
Graduate or Professional				<input type="checkbox"/> YES <input type="checkbox"/> NO			
Other educational, vocational school, internships, etc.				<input type="checkbox"/> YES <input type="checkbox"/> NO			

Special training programs and seminars you have completed in the last five years (list):

If the job(s) applied for calls for specific courses, indicate those courses taken and credits received:

Current professional status: (List fields of work for which you have been registered)

Registration: \_\_\_\_\_ State: \_\_\_\_\_ No. \_\_\_\_\_

Registration: \_\_\_\_\_ State: \_\_\_\_\_ No. \_\_\_\_\_

Membership in professional, honorary, or technical societies (list):

### DO NOT COMPLETE THIS BLOCK

#### DEGREES AND PROFESSIONAL CREDENTIALS

- Have been verified  
 Will be verified within 90 days (G.S. 126-30)

Person Responsible: \_\_\_\_\_

**Licenses and certifications (List, giving dates and sources of issuance):**

**SKILLS**

CHECK the following skills, experiences, etc., which you have:

- |                                                                    |                                                                     |                                                |
|--------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Driver's License _____<br>Number State    | <input type="checkbox"/> Sign Language                              | <input type="checkbox"/> Legal Transcription   |
| <input type="checkbox"/> Chauffeur's License _____<br>Number State | <input type="checkbox"/> Foreign language (specify) _____           | <input type="checkbox"/> Medical Transcription |
| <input type="checkbox"/> Car for use at work                       | <input type="checkbox"/> Adding Machine/calculator                  | <input type="checkbox"/> Braille               |
|                                                                    | <input type="checkbox"/> Typing (specify WPM) _____                 | <input type="checkbox"/> Word Processing       |
|                                                                    | <input type="checkbox"/> Shorthand/speedwriting (specify WPM) _____ | <input type="checkbox"/> Other _____           |

Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.)  YES  NO (If yes, explain fully on an additional sheet.)

**WORK HISTORY:** (include volunteer experience) Use additional sheets if necessary. As you describe your work history experiences, make sure you highlight your competencies which demonstrate your qualifications for the position for which you are applying.

Current or Last Employer		Address		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by You
Date Employed (mo/yr)	Starting Salary \$ per	Ending or Current Salary \$ per	Reason for Leaving	May We Contact Employer <input type="checkbox"/> YES <input type="checkbox"/> NO
Date Separated (mo/yr)	List major duties in order of their importance in the job:			
Full Time    Years    Months				
Part Time    Years    Months				
If part time, number of hours worked per week:				
Employer		Address		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by You
Date Employed (mo/yr)	Starting Salary \$ per	Ending or Current Salary \$ per	Reason for Leaving	May We Contact Employer <input type="checkbox"/> YES <input type="checkbox"/> NO
Date Separated (mo/yr)	List major duties in order of their importance in the job:			
Full Time    Years    Months				
Part Time    Years    Months				
If part time, number of hours worked per week:				
Employer		Address		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by You
Date Employed (mo/yr)	Starting Salary \$ per	Ending or Current Salary \$ per	Reason for Leaving	May We Contact Employer <input type="checkbox"/> YES <input type="checkbox"/> NO
Date Separated (mo/yr)	List major duties in order of their importance in the job:			
Full Time    Years    Months				
Part Time    Years    Months				
If part time, number of hours worked per week:				

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications. (Authority: G.S. 126-30, G.S. 14-122.1.) I further understand that my employment is for no definite period of time and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

Signature of Applicant \_\_\_\_\_  
(unsigned applications will not be processed)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

===== DO NOT WRITE BELOW THIS LINE =====

Application taken by: \_\_\_\_\_ Interviewed by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Neatness \_\_\_\_\_ Character \_\_\_\_\_

Personality \_\_\_\_\_ Ability \_\_\_\_\_

Additional Remarks: \_\_\_\_\_

Hired for Position: \_\_\_\_\_ Reporting Date: \_\_\_\_\_ Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

Approved by: \_\_\_\_\_, Manager