



STANLY COUNTY

Partnership
for Children

a partner in the
smart start network 

APPLICATION
FOR
EMPLOYMENT

References:

Name	Occupation
Relationship	Phone Number
Name	Occupation
Relationship	Phone Number
Name	Occupation
Relationship	Phone Number
Name	Occupation
Relationship	Phone Number

Work History (Include volunteer experiences) Use additional sheets if necessary.

Employer			Address and Phone #		
Job Title			Supervisor's Name		# Supervised by you
Date Employed (m/yr)			Starting salary \$ per		Ending salary \$ per
Reason for leaving			May we contact employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Date Separated (m/yr)			Duties:		
Full Time	Years	Months			
Part Time	Years	Months			
If part time, hours per week:					
Employer			Address and Phone #		
Job Title			Supervisor's Name		# Supervised by you
Date Employed (m/yr)			Starting salary \$ per		Ending salary \$ per
Reason for leaving			May we contact employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Date Separated (m/yr)			Duties:		
Full Time	Years	Months			
Part Time	Years	Months			
If part time, hours per week:					

Employer			Address and Phone #		
Job Title			Supervisor's Name		# Supervised by you
Date Employed (m/yr)			Starting salary \$ _____ per		Ending salary \$ _____ per
Reason for leaving			May we contact employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Date Separated (m/yr)			Duties:		
Full Time					
Part Time					
If part time, hours per week:					

<p>Equal Opportunity Information <i>Stanly County Partnership for Children prohibits discrimination based on race, sex, color, national origin, age, or disability.</i></p>	
<p>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, 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 failure to disclose relevant information may be grounds for rejection of my application or dismissal if I am employed.</p>	
<p>_____ Signature of Applicant (Unsigned applications will not be processed).</p>	<p>_____ Date</p>

Before submitting the application, please check to see that you have:

- 1.) Listed your social security number correctly.
- 2.) Listed your zip code correctly.
- 3.) Completed the section for equal opportunity information.
- 4.) Given complete information on your educational and work history.
- 5.) Signed and dated your application.

Thank you for your interest in Stanly County Partnership for Children.

Mailing address: Stanly County Partnership for Children
P.O. Box 2165
Albemarle, NC 28002