

# APPLICATION FOR EMPLOYMENT KARTS

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

Last 4 digits of 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	
<b>Availability</b>	Are you related by blood or marriage to any person now working for KARTS? If yes, give name, relationship to you and the agency where employed. <span style="float: right;"><input type="checkbox"/> YES    <input type="checkbox"/> NO</span>			If subject to Military Selective Service registration, certify compliance by initialing dotted line  .....

### Equal Opportunity Information

KARTS' policy prohibits discrimination based on race, sex, color, creed, national origin, age or disability.

### DO NOT WRITE IN THIS BOX

1. Permanent full-time    
  2. Permanent part-time    
  3. Temporary full-time    
  4. Temporary part-time

CHECK the types of work you will accept:

5. Any of the preceding    
  6. Work Involving Travel    
  7. Shift of 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 the four-county area?  YES  NO (If no, list below the counties in which you would be willing to work.)

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

**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: \_\_\_\_\_

If you were referred by the Employment Security Commission (Job Service) please indicate which local office: \_\_\_\_\_

**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				YES <input type="checkbox"/> NO <input type="checkbox"/>			
College(s) University(s)				YES <input type="checkbox"/> NO <input type="checkbox"/>			
Graduate or Professional				YES <input type="checkbox"/> NO <input type="checkbox"/>			
Other educational, vocational school, internships, etc.				YES <input type="checkbox"/> NO <input type="checkbox"/>			

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

Have you failed a drug test in the last two years?

**List Two References**

**SKILLS**

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

- |  |        |       |   |  |
|--|--------|-------|---|--|
| <input type="checkbox"/> Driver's License    | _____  | _____ | <input type="checkbox"/> Sign Language                              | <input type="checkbox"/> Legal Transcription   |
|  | Number | State |   |  |
| <input type="checkbox"/> CDL                 | _____  | _____ | <input type="checkbox"/> Foreign Language (specify) _____           | <input type="checkbox"/> Medical Transcription |
|  | Number | State |   |  |
| <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(s) 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, make sure you highlight your competencies which demonstrate your qualifications for the position(s) 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 that demonstrate your competencies related to the position(s) for which you are applying 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 that demonstrate your competencies related to the position(s) for which you are applying 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 that demonstrate your competencies related to the position(s) for which you are applying 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.)

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

\_\_\_\_\_  
Date



POST OFFICE BOX 246  
HENDERSON, NORTH CAROLINA 27536

PUBLIC TRANSPORTATION  
TELEPHONE: 252/438-2573

## Authorization to Obtain Records and Other Information for Employment Purposes

NAME (First, Middle (full), Last) PAST LEGAL NAMES or ALIAS (First, Middle (full), Last)

CURRENT STREET ADDRESS, CITY, STATE, ZIP HOW LONG?

FIRST PREVIOUS STREET ADDRESS, CITY, STATE, ZIP HOW LONG?

SECOND PREVIOUS STREET ADDRESS, CITY, STATE, ZIP HOW LONG?

APPLICANT SOCIAL SECURITY NUMBER DATE OF BIRTH DRIVER'S LICENSE # AND STATE ISSUED MALE/FEMALE (Circle one)

### WAIVER

I hereby authorize Capital Associated Industries Services Corporation (CAI) to prepare a consumer report that will include my present and previous employment information, including salary as well as work performance. I also authorize CAI to verify my past and present driving records, education records, credit history, professional credentials, and other records as may be appropriate. I further authorize CAI to perform a criminal records search.

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement or omission of information on my application form may result in my termination. I further understand that this application is not intended to be a contract of employment, nor does this application serve as an obligation in any way to employ me or not employ me.

I hereby fully waive any rights or claims that I have against all current and/or former employers, and their agents, employees, and representative and damages that may directly or indirectly result from the use, disclosure or release of any information by any person or party, whether such information is favorable or unfavorable to me. I further waive any claim against you and any outside agency utilized by you as a result of any information which is obtained in this investigation.

*California, Minnesota and Oklahoma residents only:*

I want to receive a free copy of any Consumer Report, Investigative Consumer Report or Credit Report on me that is requested.  YES  NO

*New York employers and residents only:* By signing this consent form I acknowledge receipt of a copy of Article 23-A of New York Corrections Law.

SIGNATURE DATE

*For office use only Fax to 1-919-876-6272*

COMPANY NAME REQUESTOR

Criminal Record  Credit Report  Motor Vehicle Record  Social Sec. No. Trace  OIG  Federal Record

*For Georgia criminal searches only: (must check one)*

Employment with Mentally Disabled (Purpose Code M)  Employment with Children (Purpose Code W)  
 Employment with Elder Care (Purpose Code N)  None Apply

CRIMINAL (where) 1 2 3

EMPLOYMENT 1 2 3

PROFESSIONAL LICENSE VERIFICATION EDUCATION VERIFICATION