

NEED, Inc.
PO Box 2346
Rocky Mount, NC 27802-2346

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability or national origin. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in this process.

PERSONAL INFORMATION

Date _____

Name

Last

First

Middle Initial

Present Address

Street

City

State

Zip

Permanent Address

Street

City

State

Zip

Phone No. ()

Cell Phone No. ()

Referred By _____

Are you 18 years of age or older? ☐ YES ☐ NO

EMPLOYMENT DESIRED

Position

Date You
Can Start

Salary
Desired

Are You Employed Now? ☐ YES ☐ NO

May We Inquire of Your Present Employer? ☐ YES ☐ NO

Have You Ever worked at this Company Before? ☐ YES ☐ NO

When?

Reason for Leaving?

Are You Related To Anyone Employed at this Company? ☐ YES ☐ NO If yes, who? _____

EDUCATION

Name and Address of School	No. of Years Attended	Did You Graduate?	Diploma or Degree(s) Received
High School _____ _____	1 2 3 4	YES <input type="checkbox"/> NO <input type="checkbox"/>	
College _____ _____	1 2 3 4	YES <input type="checkbox"/> NO <input type="checkbox"/>	
College _____ _____	1 2 3 4	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Trade, Business or Correspondence _____ School	1 2 3 4	YES <input type="checkbox"/> NO <input type="checkbox"/>	

GENERAL

Subjects of Special Study or Research Work:

Job Related Skills:

What Foreign Languages Do You Speak/Read/Write fluently?

Military
Service

Rank

Present Membership in
National Guard or Reserves?

FORMER EMPLOYERS List past employers below, starting with the most recent.				
Date Month and Year	Name, Address and Phone of Employer	Position	Salary	Why did you leave?
From _____ To _____				
From _____ To _____				
From _____ To _____				
From _____ To _____				

REFERENCES: Give below the names of three persons not related to you, whom you have known at least one year.			
Name and Phone	Address	Occupation	Relationship
1			
2			
3			

PHYSICAL RECORD: Do you have any physical conditions which may limit your ability to perform the job applied for? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Explain:	
In Case of Emergency Notify	()
Name	Phone No.
Address	City/State Zip Code

CERTIFICATION AND ACKNOWLEDGEMENT

I certify that the information provided herein is true and correct to the best of my knowledge. I understand that, if employed, falsified statements on this Application for Employment form will be considered grounds for termination.

I authorize the company to thoroughly investigate my work experience and any other matters related to my suitability for employment. I further authorize my former employers to disclose to the company any and all information they may have concerning my previous employment. In addition, I hereby release the company, my former employers, and all other persons from any and all claims, demands, or liabilities arising out of, or in any way related to, such disclosure.

I acknowledge that, if employed, both the company and I have the right to terminate the employment relationship at any time, with or without cause or advance notice. This employment at will relationship will remain in effect throughout my employment with the company and may not be modified by any oral or implied agreement.

Print Name
Signature
Date