



# APPLICATION FOR EMPLOYMENT

Date Received:	Applicant ID:
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All applicants are considered for positions without regard to race, color, sex, age, national origin, religion, disability or political affiliation.

**Please Print or Type.** A standardized application is essential to the process of evaluating applicants on an equal basis. You, as the applicant must insure that your application is as complete as possible. If an item does not apply to you, put "NA" in the response area rather than leaving it blank. If you are not sure of times, dates or names, complete as much as you remember. Resumes may be attached to applications, but will not be accepted in lieu of a completed work history page. If more space is needed than what is provided, continue on a separate sheet and attach it to your application. Sign your name in all areas where it is requested. TYPE OR PRINT LEGIBLY. Review your application prior to submitting it to RLCB Human Resources. Insure that you have listed a phone number where you can be reached. If you have not completed a degree, indicate how many semester (S) or quarter (Q) hours you have completed and list your major.

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No.  
**PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT!**

**Position You Are Applying For:** (A separate application is required for each position applied for – legible photo copies are acceptable.)

Application Date	Position Title	Position Number	Position Closing Date
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**Personal Data**

Last 4 digits of SSN	Last Name	First Name	Middle Name
Address (Street number and name)		City	State      Zip Code
E-Mail Address	Phone (Home or where you can be reached) (    )    -	Other Phone Contact (    )    -	

Are you related by blood or marriage to, or have as a friend any person now working for RLCB or any of it's associated companies? (If yes, give name and relationship to you.)  No  Yes

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

**Referral Source:**  Friend     Relative     Bulletin Board     Job Line     Internet     Newspaper  
 College Posting     Employment Security Commission (ESC)     Walk-In     Other – Specify

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

**Detail below your education as indicated above. Under "S/Q Hours", list hours completed and if they were Semester (S) or Quarter (Q).**

Schools	Name of School	Location	Grad?	Sem or Qtr Hours Compl	Major and/or Minor	Type Degree Received
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Community/ Tech College			<input type="checkbox"/> Yes <input type="checkbox"/> No			
College/ University			<input type="checkbox"/> Yes <input type="checkbox"/> No			
College/ University			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Graduate/ Professional			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other educational/ vocational school/ internship etc.			<input type="checkbox"/> Yes <input type="checkbox"/> No			

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.)  No     Yes (if yes, explain below or continue on an additional sheet.)

**Are you now or have you ever served in the Armed Forces of the United States?**  No  Yes (if yes, explain here, continue on additional sheets if needed).

Branch of Service	MOS/SSI/AFSC	Date Entered	Date Discharged

**Are you a current or previous employee of Raleigh Lions Clinic?**  No  Yes  
(If yes, give department name and dates of service.)

**Special training programs and/or seminars you have completed. (List Title, Source, Duration & Date completed.)**  
(Continue on additional sheets if needed)

Workshop/Seminar Title	Training Sponsored By	Duration	Date Completed

**List fields in which you are licensed, registered or certified, giving date and source of issuance** (Continue on additional sheets if needed).

License/Registration/Certification	Number	Date	State

**Indicate your skills, equipment operation, experiences, abilities, etc.** (If additional space is needed, continue on separate sheet.)

Skill	Familiar?	Proficient?	# Years Experience	Skill	Familiar?	Proficient?	# Years Experience
Sewing Machine Types				Typing/Keyboarding	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>		Calculator (Type )	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>		Shorthand/Speed Writing	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>		Public Contact	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>		Foreign Language	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>		Foreign Language	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>		Interpreter Services	<input type="checkbox"/>	<input type="checkbox"/>	
Other Equipment/Machinery (List)				Computer Hardware (List)			
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>		Computer Software (List)			
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
CDL/Chauffeur's License #					<input type="checkbox"/>	<input type="checkbox"/>	
Class					<input type="checkbox"/>	<input type="checkbox"/>	
State					<input type="checkbox"/>	<input type="checkbox"/>	
Appropriate required vehicle for use at work?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>	

By signing below, I certify that all of the statements made on this application, in addition to any attached documents are true, complete and correct to the best of my knowledge and are made in good faith. 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 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. I understand that I may be subject to drug screening. I understand that a police records check and/or driving record check will be conducted for designated positions. I understand and agree to these checks. I have read and understand the instructions for the completion of this application on the front of this form and understand that **incomplete or unsigned applications may not be considered.**

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

\_\_\_\_\_  
Date

Page  of  Pages

Last 4 digits of SSN

Last Name

**Work History (include volunteer experience). Begin with most current position. Use additional sheets as necessary.**

Job Title		Supervisors Name	Date Started	Date Separated	Your Work Was	Years	Months	Hrs/Wk
					Full-Time <input type="checkbox"/>			
					Part-Time <input type="checkbox"/>			
Employer		Employer's Complete Address				Telephone Number		
Starting Salary	Ending Salary	Number of Persons supervised by you	Reason for Leaving		May we contact this employer?			
Duties:								
_____								
_____								
_____								
_____								

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Employer		Employer's Complete Address				Telephone Number		
Starting Salary	Ending Salary	Number of Persons supervised by you	Reason for Leaving		May we contact this employer?			
Duties:								
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