



Employment Application

Applicant Information

Full Name: Last First M.I. Date:

Address: Street Address Apartment/Unit # City State ZIP Code

Phone: Email

Date Available: Desired Salary:\$

Position Applied for:

How did you hear about this position?

Are you authorized to work in the United States? YES NO

Have you ever been convicted of a felony? YES NO

If yes, explain:

NOTE: A conviction record will not necessarily be a bar to employment.

Education

High School: Address:

From: To: Did you graduate? YES NO Diploma:

College: Address:

From: To: Did you graduate? YES NO Degree:

Other: Address:

From: To: Did you graduate? YES NO Degree:

## References

Please list three professional references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Previous Employment

List work history, beginning with your current or most recent employer. This section must be completed in detail. Do not use "see resume" in lieu of completing this section. Attach additional sheets if necessary.

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your current/previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?      YES      NO  
        

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**Disclaimer and Signature**

*Please read the following statement and acknowledgement carefully before signing this application:  
I verify that the information provided on this application is true, complete and accurate. I agree that the Iredell EDC may investigate all of the statements made on this application and that any misrepresentation or omission in my application, resume, any other employment-related materials, or during any interview may result in Iredell EDC's refusal to employ me, or if employed, may result in immediate termination of my employment.*

*I understand that any offer of employment I may receive from the Iredell EDC's is conditioned on my successful completion of the organization's pre-employment screening process, including without limitation, drug testing and background, criminal records, employment history, and reference checks. I hereby release the Iredell EDC, any consumer reporting agency(s), and any other person or entity providing information to the Iredell EDC relating to my employment or prospective employment, including any of their officers, agents, employees or related personnel, from any and all liabilities, claims, causes of action and disputes relating to information collected and released as part of the Iredell EDC's employment screening process, including information on any background check conducted. I understand that my continued at-will employment may be conditioned on successful completion of subsequent background and criminal records checks and drug testing conducted during my employment in accordance with the Iredell EDC's policies and applicable law.*

*I agree to comply with the Iredell EDC's policies, rules and procedures in effect during my employment. I also understand that, if hired, my employment with the Iredell EDC will be at-will, and that both the Iredell EDC and I can terminate the employment relationship at any time, with or without cause.*

*Click this checkbox to indicate your agreement and acknowledgment of the above statement if you are completing this application electronically.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

EQUAL OPPORTUNITY EMPLOYER  
IF YOU NEED A REASONABLE ACCOMMODATION TO COMPLETE THE IREDELL EDC's APPLICATION PROCESS,  
PLEASE CONTACT LISA TAYLOR AT IREDELL EDC.

THIS APPLICATION WILL REMAIN ACITVE FOR 60 DAYS.