



Communities In Schools of Cleveland County, Inc.
 312 West Marion Street
 Shelby, NC 28150
 (P) 704.480.5569 (F) 704.480.5510

Please Print Clearly or type **APPLICATION FOR EMPLOYMENT**

Please Answer All Questions. Résumés Are Not A Substitute For A Completed Application.

Communities In School of Cleveland County is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, sexual orientation, gender identity, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

Position Applying For _____

Name _____ Telephone Number (____) _____

Present Address (Street, Apt. or Unit No. _____ e-mail _____

City / State / Zip _____ Desired Salary _____

If under the age of 18, can you produce the necessary work certificate at the time of employment? Yes No

Type of employment desired? Full-time Part-time (Specify Hours) _____

Date on which you can start _____

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? Yes No

Have you ever applied to or worked for this Organization before? Yes No

If Yes, when did you apply/work? _____ Where did you apply/work? _____

Within the past ten (10) years, have you been convicted of a felony? (Do not include convictions that were sealed, eradicated, erased, or expunged; convictions that resulted in referral to a diversion program; or marijuana-related convictions that are more than two (2) years old.) Yes No

If Yes, please explain.

NOTE

- ***Criminal convictions will not automatically disqualify an applicant from a particular job. The Organization will consider the nature of the crime, its seriousness, whether the conviction(s) substantially relates to the position's functions and qualifications, the frequency of convictions, the applicant's age at the time of conviction, the time elapsed since the date of conviction or completion of jail sentence, the applicant's entire work and educational history, and employment references and recommendations.***
- ***An ex-offender who is denied employment may, upon written request, receive a statement of the reason(s) for denial within 30 days of the applicant's request for such information.***

Have you ever initiated an act of violence in the workplace? Yes No

Have you ever been suspended, dismissed, fired or discharged from a position of employment? Yes No

Have you ever been asked to resign from a position of employment? Yes No

If Yes, please explain so that individual circumstances can be considered. (A Yes answer will not necessarily disqualify you from employment.)

List special technical skills that you feel qualify you for the job for which you are applying (i.e., computer programming/language, software, equipment operation, special tools or machines, etc.):

Education	School Name and Location	Course of Study	Graduate?	# of Years Completed	Degree/Major
High School					
College					
Bus/Tech/Trade or Post College					

Honors Received _____

WORK EXPERIENCE

Start with your present or last place of employment. You may include any verifiable work performed on a volunteer basis, internships, or military service.

Employer

Name _____ Address _____ Type of Business _____
 Phone (____) _____ E-mail _____ Dates Employed From ___/___/___ To ___/___/___
 Job Title _____ Supervisor's Name _____
 May we contact? Yes _____ No _____
 Wages Start _____ Final _____ Reason for Leaving _____
 Duties _____

Employer

Name _____ Address _____ Type of Business _____
 Phone (____) _____ E-mail _____ Dates Employed From ___/___/___ To ___/___/___
 Job Title _____ Supervisor's Name _____
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Job Title _____ Supervisor's Name _____

May we contact? Yes _____ No _____

Wages Start _____ Final _____ Reason for Leaving _____

Duties _____

PROFESSIONAL LICENSES OR MEMBERSHIPS

Type of License(s) Held _____

State License Number _____ License Expiration Date _____

Other Professional Memberships _____

VOLUNTEER EXPERIENCES

Organization	City/County State	Kind of Work	Dates	Name and Telephone # of Supervisor

REFERENCES

Please list the names of additional work-related references we may call. Individuals with no prior work experience may list school or volunteer related references.

Name	Position	Company	Work Relationship (ie. Supervisor, co-worker)	Telephone Number and email

As you seek to become a part of Communities In Schools of Cleveland County, use the space below to give additional information about yourself, in your own handwriting/printing, and how your experiences would fit with the mission of Communities In Schools. This information can be in the form of a short autobiography, overview of unique cultural and education background, or your preparation, experience, philosophy or experiences working with young people.

MISSION

The mission of Communities In Schools is to surround students with a community of support, empowering them to stay in school and achieve in life.

BELIEFS

It is the belief of Communities In Schools that every child needs and deserves five basics: A personal, one-on-one relationship with a caring adult, A safe place to learn and grow, A marketable skill to use upon graduation, A chance to give back to peers and community, A healthy start and a healthy future

APPLICANT CERTIFICATION

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that the Organization may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If the Organization has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the Organization's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Organization's policies and applicable federal, state, and local law.

If employed by the Organization, I understand and agree that the Organization, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, non-compete, and/or conflict of interest statement.

I certify that all the information on this application, my résumé, or any supporting documents is complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

I UNDERSTAND THAT NEITHER THIS APPLICATION NOR ANY COMMUNICATION BY A MANAGEMENT REPRESENTATIVE IS INTENDED TO CREATE OR DOES CREATE A CONTRACT OF EMPLOYMENT, OFFER, OR PROMISE OF EMPLOYMENT. I ACKNOWLEDGE THAT IF HIRED BY THE Organization, EMPLOYMENT IS ON AN AT-WILL BASIS. THIS MEANS THE Organization IS FREE TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE OR ADVANCE NOTICE, IN ACCORDANCE WITH STATE LAW, AND ACCEPTANCE OF EMPLOYMENT IS NOT A CONTRACT OF EMPLOYMENT FOR ANY SPECIFIED TIME. SIMILARLY, I AM FREE TO TERMINATE MY EMPLOYMENT WITH THE COMPANY AT ANY TIME FOR ANY REASON. THIS AT-WILL PROVISION MAY BE MODIFIED OR WAIVED ONLY IN A WRITTEN AGREEMENT SIGNED BY AN AUTHORIZED REPRESENTATIVE OF THE Organization AND ME. I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE Organization, I UNDERSTAND THAT THE Organization HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

I authorize the Organization or its agents to confirm all statements contained in this application and/or résumé as it relates to the position I am seeking and to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation.

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the Organization or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Organization and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information.

If hired by this Organization, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States. I also understand this Organization employs only individuals who are legally eligible to work in the United States.

Applicant Signature _____ Date _____

If the applicant is a minor, the foregoing release and consent must be signed by the applicant's parent or legal guardian. Signature by the applicant's parent or legal guardian constitutes acknowledgement by the applicant and the parent or legal guardian that the Organization, to the extent permitted by federal, state, and local law, can test the applicant for controlled substances, conduct inspections of property without notice, and communicate screen results to Organization personnel who need to know, the applicant, and the applicant's legal guardian.

Parent/Legal Guardian _____ Witness _____

Date _____ Date _____