

BLUE RIDGE OPPORTUNITY COMMISSION, INC.

BROC-Wilkes 710 Beech Street North Wilkesboro, NC 28659 Phone (336) 667-7174

BROC-Ashe PO Box 455 Warrensville, NC 28693 Phone (336) 384-4543

BROC-Alleghany 1747 Hwy. 21 North Sparta, NC 28675 Phone (336) 372-7284

Application for Employment

Date of Application BROC is an Equal Employment Opportunity Employer BROC policy prohibits discrimination based on race, sex, color, religion, national origin, age or disability. Social Security Number Last Name Middle Name First Name Zip Code Address (Street Number & Name) City State () (Phone (Home/or where you can be reached) Busin **Business Phone** County AVAILABILITY Are you related by birth/marriage/adoption to any person now working for BROC or a member of the BROC Board? ☐Yes ☐No (If yes, give name, relationship to you and location employed). Check

the types of work you will accept: ☐ Temporary, Part-time ☐ Regular, Full-time ☐ Temporary, Full-time ☐ Regular, Part-time ☐ Any of the Preceding ☐ Work Involving Travel ☐ Shift or Split Shift Work If you are not available for work now, enter the earliest date you could begin work. (Month/Day/Year) JOBS APPLIED FOR Enter below the specific title(s) of job(s) for which you are applying. Please list no more than three on this application.

REFERRAL SOURCE

Please indicate your referral source:

Were you referred by the Employment Security Commission or JobLink office? ☐ Yes ☐ No

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. Maj/Min Course Work Type of From: To: Degree Received High School Yes No College(s) Yes University(ies) No Graduate or Yes Professional No Other educational. Yes vocational schools, internships, etc. No Special training programs and seminars you have completed in the last five years (List): If the job(s) applied for calls for specific courses, indicate those courses taken and credits received: Current professional status: (List fields of work for which you have been registered/licensed) Registration/License: State: Number: State: Number: _____ Registration/License: Certifications: (List, giving dates and sources of issuance) DO NOT COMPLETE THIS BLOCK Membership in professional, honorary, or technical societies: (List) DEGREES AND PROFESSIONAL CREDENTIALS ☐ Have been verified ☐ Will be verified within 90 days Person Responsible _____ Have you ever been Bonded: ☐ Yes ☐ No If yes, with which Employer? ☐ Car for use at work ☐ Sign language ☐ Legal transcription

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.)

Yes
No (If yes, explain fully on an additional sheet)

☐ Adding machine/calculator ☐ Typing (specify WPM)

☐ Shorthand/speedwriting (specify WPM) _____

write fluently _

☐ What languages do you read, speak,

☐ Computer/Word Processing Skills

□ Carpentry

Other

Number

Number

Number

State

State

State

Driver's license

☐ CDL-School Bus

☐ CDL

Employer				Address:			
Job Title				Supervisor's name:	Telephone Number	Number Supervised by you:	
Date Employed (mo/yr) Starting Salary \$ per			_	Ending or Current Salary \$ per	Reason for Leaving	May we contact Employer ☐ Yes ☐ No	
				order of their importance in the	job:	13.00	
Full Time	Years	Months					
If part time,	number of	hours worke	ed per week:				
Employer				Address:			
Job Title				Supervisor's name: Telephone Number Number Supervised by you:			
Date Employ	yed (mo/y	r)	Starting Salary	Ending or Current Salary	Reason for Leaving	May we contact Employer	
Date Separa	ated (mo/y	r)	\$ per List major duties in	S per \$ per			
Full Time	Years	Months					
If part time,	number of	hours worke	ed per week:				
				T Address:			
Employer				Address:			
Job Title				Supervisor's name:	Telephone Number	Number Supervised by you:	
Date Employ	, ,		Starting Salary \$ per	Ending or Current Salary \$ per	Reason for Leaving	May we contact Employer ☐ Yes ☐ No	
Date Separated (mo/yr) List major do				s in order of their importance in the job:			
Full Time	Years	Months					
If part time,	number of	hours worke	ed per week:				
Employer				Address:			
Job Title				Supervisor's name: Telephone Number Number Supervised by you:			
Date Employ	ved (mo/v	·)	Starting Salary	Ending or Current Salary	Reason for Leaving	May we contact Employer	
\$ per				\$ per order of their importance in the	Ů	☐ Yes ☐ No	
Full Time Years Months					,oo.		
If part time, number of hours worked per week:							
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VOLUNTE	EER EXI	PERIENCI	E (Use additional	I sheets if necessary)			
AGENCY C			,		OF WORK, DUTIES OR EVENT	-S	

		NAME	RELATIONSHIP	PHONE			
need what that disci	led in connection tever detail is avai false information iplinary action or o datory if frauduler	ilable concerning my qualifications. I author or documentation, or a failure to disclose rel dismissal if I am employed, and (or) criminal nt disclosures are given to meet position qua	tions, associations, registrations, ize investigation of all stateme evant information may be groaction. I further understand t	on and licensing boards, and others to furnish ents made in this application and understand unds for rejection of my application, hat dismissal upon employment shall be			
	Signature of Applicant Date (Unsigned applications will not be processed)						
		FOR EMPL	OYER'S USE ONLY				
R E F	Employer	Person Contacted		Results			
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R E	1						
	2						
ENCE CH	-						
E N C E C	2						
пхош оншо	3	Interviewe	er Name and Comments				
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ENCE CHECK -NTE	3	Interviewe	er Name and Comments				
ENCE CHECK -NTERV-E	3	Interviewe	er Name and Comments				

PERSONAL REFERENCES