



BLUE RIDGE OPPORTUNITY COMMISSION, INC.

BROC-Wilkes
710 Veterans Drive
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 policy prohibits discrimination based on race, sex, color, religion, national origin, age or disability.

Last Name	First Name	Middle Name	Social Security Number
_____ Address (Street Number & Name) City State Zip Code			
_____ County Phone (Home/or where you can be reached) Business Phone			

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:

- | | | |
|--|---|--|
| <input type="checkbox"/> Regular, Full-time | <input type="checkbox"/> Regular, Part-time | <input type="checkbox"/> Temporary, Full-time |
| <input type="checkbox"/> Temporary, Part-time | <input type="checkbox"/> Any of the Preceding | <input type="checkbox"/> Work Involving Travel |
| <input type="checkbox"/> 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.

(1) _____	(2) _____	(3) _____
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REFERRAL SOURCE

Please indicate your referral source: _____

Were you referred by the Employment Security Commission or NCWorks 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 Degree Received
		From:	To:				
High School				Yes			
				No			
College(s) University(ies)				Yes			
				No			
Graduate or Professional				Yes			
				No			
Other educational, vocational schools, internships, etc.				Yes			
				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: _____

Registration/License: _____ State: _____ Number: _____

Certifications: (List, giving dates and sources of issuance)

Membership in professional, honorary, or technical societies: (List)

DO NOT COMPLETE THIS BLOCK

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? _____

SKILLS: CHECK ☒ the following skills, experiences, etc. which you have.

☐ Car for use at work

☐ Driver's license

Number _____ State _____

☐ CDL

Number _____ State _____

☐ CDL-School Bus

Number _____ State _____

☐ Sign language

☐ What languages do you read, speak, write fluently _____

☐ Computer/Word Processing Skills

☐ Adding machine/calculator

☐ Typing (specify WPM) _____

☐ Shorthand/speedwriting (specify WPM) _____

☐ Legal transcription

☐ Carpentry

☐ Other _____

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)

WORK HISTORY (Use additional sheets if necessary)

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 <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Separated (mo/yr)		List major duties in order of their importance in the job:			
Full Time	Years	Months			
If part time, number of hours worked per week:					

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Date Employed (mo/yr)	Starting Salary \$ per	Ending or Current Salary \$ per	Reason for Leaving	May we contact Employer <input type="checkbox"/> Yes <input type="checkbox"/> No	
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Date Separated (mo/yr)		List major duties in order of their importance in the job:			
Full Time	Years	Months			
If part time, number of hours worked per week:					

VOLUNTEER EXPERIENCE (Use additional sheets if necessary)

AGENCY OR ORGANIZATION	TYPE OF WORK, DUTIES OR EVENTS

-Over-

PERSONAL REFERENCES

NAME	RELATIONSHIP	PHONE

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. 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 authorize investigation of all statements made in this application and 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.

Signature of Applicant
(Unsigned applications will not be processed)

Date

FOR EMPLOYER'S USE ONLY

R E F E R E N C E C H E C K	Employer	Person Contacted	Results
	1		
	2		
	3		
	4		

I N T E R V I E W R E S U L T S	Interviewer Name and Comments