



2035 Patton Avenue
Charlotte, NC 28216
704.334.8518

APPLICATION FOR EMPLOYMENT

THE GREATER ENRICHMENT PROGRAM IS AN EQUAL OPPORTUNITY EMPLOYER. IT IS OUR POLICY THAT ALL APPLICANTS BE CONSIDERED SOLELY ON THE BASIS OF QUALIFICATIONS AND ABILITY, WITHOUT REGARD TO RACE, RELIGION, COLOR, SEX, AGE, NATIONAL ORIGIN, DISABILITY OR VETERAN STATUS.

THANK YOU FOR YOUR INTEREST IN THE GREATER ENRICHMENT PROGRAM.

PERSONAL INFORMATION:

Applicant Name: _____

Address: _____

City: _____ State & Zip: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

How were you referred to Greater Enrichment: _____

Employment Positions

Position(s) applying for: _____

Regular part-time work Y or N / Regular full-time work Y or N

Days and hours are you available for work _____

If hired, on what date can you start working? ____ / ____ / ____

Can you work on the weekends Y or N / Can you work evenings Y or N

Salary desired: \$ _____

Have you ever applied to / worked for G.E.P before? [] Y or [] N

If yes, please explain (include date): _____

Do you have any friends or relatives working for Greater Enrichment [] Y or [] N

If yes, please provide their name and relationship: _____

If hired, would you have transportation to/from work? [] Y or [] N

Are you over the age of 18? (If under 18, hire is subject to verification of minimum legal age.) [] Y or [] N

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? [] Y or [] N

Are you able to perform the essential functions of the job for which you are applying, either with / without reasonable accommodation? [] Y or [] N

If no, describe the functions that cannot be performed

(Note: G.E.P complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)

Have you ever been convicted of a criminal offense (felony or misdemeanor)? [] Y or [] N

If yes, please describe the crime - state nature of the crime(s), when and where convicted and disposition of the case.

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Education, Training and Experience

High School:

School name: _____

School city, state, zip: _____

Did you graduate? Y or N

College / University:

School name: _____

School city, state, zip: _____

Number of years completed: _____

Did you graduate? Y or N

Degree / diploma earned: _____

Vocational School:

Name: _____

City, state, zip: _____

Number of years completed: _____

Did you graduate? Y or N

Degree / diploma? : _____

Military:

Branch: _____

Rank in Military: _____ Total Years of Service: _____

Skills/duties: _____

Related details: _____

Do you speak, write or understand any foreign languages? Y or N

If yes, describe which languages(s) and how fluent of a speaker you consider yourself to be.

Do you have any other experience, training, qualifications, or skills which you feel should be brought to our attention, in the case that they make you especially suited for working with us?
 Y or N

If yes, please explain _____

Employment History

Are you currently employed? [] Y or [] N

If yes, may we contact your current employer? [] Y or [] N

Below, please describe present and past employment positions, dating back five years. Please account for all periods of unemployment. **Even if you have attached a resume, this section must be completed.**

1. Name of Employer: _____
Name of Supervisor: _____
Telephone Number: _____
Fax Number: _____
Business Type: _____
Address: _____
City, state, zip: _____

Length of Employment (Include Dates): _____

Position & Duties: _____

Reason for Leaving: _____

May we contact this employer for references? [] Y or [] N

2. Name of Employer: _____
Name of Supervisor: _____
Email Address: _____
Telephone Number: _____
Fax Number: _____
Business Type: _____
Address: _____
City, state, zip: _____

Length of Employment (Include Dates): _____

Position & Duties: _____

Reason for Leaving: _____

May we contact this employer for references? [] Y or [] N

3. Name of Employer: _____
Name of Supervisor: _____
Email Address: _____
Telephone Number: _____
Fax Number: _____
Business Type: _____
Address: _____
City, state, zip: _____

Length of Employment (Include Dates): _____

Position & Duties: _____

Reason for Leaving: _____

May we contact this employer for references? [] Y or [] N

References:

Please provide 3 references that have knowledge of your work performance within the last four years. Please include professional references only.

1. Name - First, Last: _____
Telephone Number: _____
Email Address: _____
City, state, zip: _____
Occupation: _____
Number of Years Acquainted: _____
2. Name - First, Last: _____
Telephone Number: _____
Email Address: _____
City, state, zip: _____
Occupation: _____
Number of Years Acquainted: _____

3. Name - First, Last: _____
Telephone Number: _____
Email Address: _____
City, state, zip: _____
Occupation: _____
Number of Years Acquainted: _____

Please Read and Initial Each Paragraph, then Sign Below

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the company.

I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or G.E.P.

I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

The unlawful manufacture, dispensing, possession or use of controlled substances is prohibited in the Greater Enrichment Program buildings, the grounds, administrative office, vehicles and the location of the sites.

Termination of employment with Greater Enrichment Program will be invoked upon violation of the Drug-Free Workplace Act.

Applicant's Signature: _____

Date: _____