APPLICATION FOR EMPLOYMENT



****Please print clearly using blue or black ink****

916 W. Chapel Road Asheville NC 28803 Office: 828-274-6067 Fax: 828-274-1582

Name							
Address Street Address		First	First Middle		Suffix (jr.,sr.,etc)		
		ess	City	State		Zip	
Mailing Ad	dress (if differ	rent from Above) Ci	ty	State		Zip	
Home Phone			Cell Pho	one			
Referred by			Sal	lary Desired			
Days Available Su M	Io Tue Wed	l Thu Fri Sat	Shifts Available	$1^{st}/2^{nd}$	3 rd	FT /PT/ PRN (circle all that apply)	
Position Desired		Sp	ecific Hours Avai	ilable			
				1		1	
High School	High School		City and State		Year)	To (Month/Year)	
			Yes □	/		/	
Major Studies		Gradua	Graduate		Completi	ion Date	
				/		/	
Vocational/ Technical/Spe	cial School	City and	State	From(Month/Year)		To (Month/Year)	
Skill/Trade/Licen	se	Degrees/Cer	tificates	Completion Dat		on Date	
Undergraduate/Graduate School		City and State		From(Month)	Year)	To (Month/Year)	
Major Studies/Subj	inct	Degrees/Cert	ifications		Completi	on Data	
		grees will be required as			Joinpien	on Date	
List all current certifications/lice	_		_	•			
T		T D (T	E		T . A . A	
Type of Certification		Issue Date	Expirati	Expiration Date		Issuing Authority	
Type of Certification		Issue Date	Expirati	on Date	Issuing Authority		
Type of Certification		Issue Date	Expiration Date		To	Issuing Authority	
	e you ever worked for IWC/IWRC?			From To		Dept	
Have you ever been terminated			□ No □ Yes	10	If yes, pl	lease explain in detail:	
Have you ever been convicted o nature of the crime(s), when an				☐ Yes If yes,	please de	scribe the crime- state	
(Note: Failure to self-disclose will disqua the nature of the offense, including any sign for may, however be considered.)							
Do you have a valid Driver's	License?	□ No □ Yes	Issuing State:	Licer	se Numl	oer:	
Have you lived outside of the		•	st 5 years?		No prints with t	☐ Yes he SBI are required for anyon	
If yes, please list all states:			_	that has	lived outside	of NC in the last 5 year	

Company Name:		From: (Month/Y	ear)	To: (Month /Year	.)
City:	State:	i (ivioliui / i	Telephone: (.1
Company Products/Services:			May we conta	act? Yes 🗆	No 🗆
Supervisor Name:	Superviso	Supervisor Title:			
Starting Job Title:	Ending Job Title:				
Starting Job Pay:		Ending Job Pay:			
Duties:					
Reason for leaving:					
Company Name:		From: To:			
City:	State:	(Month /Y	ear) Telephone: ((Month /Year	.)
Company Products/Services:			May we conta		No 🗆
Supervisor Name:		Supervisor Title:			
Starting Job Title:		Ending Job Title:			
Starting Job Pay:		Ending Job Pay:			
Duties:					
Reason for leaving:					
<i>G</i> .					
Company Name:		From:	agr)	To:	•)
	State:	From: (Month/Y	ear) Telephone: ((Month /Year	•)
Company Name:	State:			(Month /Year	No 🗆
Company Name: City:	State:		Telephone: ((Month /Year	
Company Name: City: Company Products/Services:	State:	(Month /Y	Telephone: (May we contain Title:	(Month /Year	
Company Name: City: Company Products/Services: Supervisor Name:	State:	(Month /Y	Telephone: (May we contain Title: b Title:	(Month /Year	
Company Name: City: Company Products/Services: Supervisor Name: Starting Job Title:	State:	(Month /Y Supervisor Ending Jo	Telephone: (May we contain Title: b Title:	(Month /Year	
Company Name: City: Company Products/Services: Supervisor Name: Starting Job Title: Starting Job Pay:	State:	(Month /Y Supervisor Ending Jo	Telephone: (May we contain Title: b Title:	(Month /Year	
Company Name: City: Company Products/Services: Supervisor Name: Starting Job Title: Starting Job Pay:	State:	(Month /Y Supervisor Ending Jo	Telephone: (May we contain Title: b Title:	(Month /Year	
Company Name: City: Company Products/Services: Supervisor Name: Starting Job Title: Starting Job Pay: Duties:	State:	(Month / Y Supervisor Ending Jo Ending Jo From:	Telephone: (May we contain Title: bb Title: bb Pay:	(Month / Year) act? Yes To:	No 🗆
Company Name: City: Company Products/Services: Supervisor Name: Starting Job Title: Starting Job Pay: Duties: Reason for leaving:	State:	(Month / Y Supervisor Ending Jo Ending Jo	Telephone: (May we contain Title: bb Title: bb Pay:	(Month / Year) act? Yes To: (Month / Year	No 🗆
Company Name: City: Company Products/Services: Supervisor Name: Starting Job Title: Starting Job Pay: Duties: Reason for leaving: Company Name:		(Month / Y Supervisor Ending Jo Ending Jo From:	Telephone: (May we contain Title: bb Title: bb Pay: fear) Telephone: ((Month / Year) act? Yes To: (Month / Year	No 🗆
Company Name: City: Company Products/Services: Supervisor Name: Starting Job Title: Starting Job Pay: Duties: Reason for leaving: Company Name: City:		(Month / Y Supervisor Ending Jo Ending Jo From:	Telephone: (May we contain Title: bb Title: bb Pay: Telephone: (May we contain Title: May we contain Title:	(Month /Year) act? Yes □ To: (Month /Year)	No 🗆
Company Name: City: Company Products/Services: Supervisor Name: Starting Job Title: Starting Job Pay: Duties: Reason for leaving: Company Name: City: Company Products/Services:		Supervisor Ending Jo Ending Jo Ending Jo (Month/Y	Telephone: (May we contain Title: bb Title: bb Pay: Telephone: (May we contain Title:	(Month /Year) act? Yes □ To: (Month /Year)	No 🗆
Company Name: City: Company Products/Services: Supervisor Name: Starting Job Title: Starting Job Pay: Duties: Reason for leaving: Company Name: City: Company Products/Services: Supervisor Name:		(Month/Y Supervisor Ending Jo Ending Jo Ending Jo From: (Month/Y Supervisor	Telephone: (May we contain Title: bb Title: bb Pay: Telephone: (May we contain Title: bb Title: Telephone: (May we contain Title: bb Title:	(Month /Year) act? Yes □ To: (Month /Year)	No 🗆
Company Name: City: Company Products/Services: Supervisor Name: Starting Job Title: Starting Job Pay: Duties: Reason for leaving: Company Name: City: Company Products/Services: Supervisor Name: Starting Job Title:		CMonth / Y Supervisor Ending Jo Ending Jo From: (Month / Y Supervisor Ending Jo Endi	Telephone: (May we contain Title: bb Title: bb Pay: Telephone: (May we contain Title: bb Title: Telephone: (May we contain Title: bb Title:	(Month /Year) act? Yes □ To: (Month /Year)	No 🗆
Company Name: City: Company Products/Services: Supervisor Name: Starting Job Title: Starting Job Pay: Duties: Reason for leaving: Company Name: City: Company Products/Services: Supervisor Name: Starting Job Title: Starting Job Pay:		CMonth / Y Supervisor Ending Jo Ending Jo From: (Month / Y Supervisor Ending Jo Endi	Telephone: (May we contain Title: bb Title: bb Pay: Telephone: (May we contain Title: bb Title: Telephone: (May we contain Title: bb Title:	(Month /Year) act? Yes □ To: (Month /Year)	No 🗆

List three references who are not r	elated to you and have directly supervis	ed your work.
Name:	Relationship:	Known how long?
Telephone number:	Company:	Title:
Name:	Relationship:	Known how long?
Telephone number:	Company:	Title:
Name:	Relationship:	Known how long?
Telephone number:	Company:	Title:
-	oolicy addressing nepotism in the workp your relationship with any current IWC Relationship:	lace. To better allow management to enforce these ask that /IWRC employees: Known how long
What do you feel you have to offe	r the Irene Wortham Center?	
that the statements made on this applicant authorize IWC/IWRC to investigate a misrepresentation of facts on this appl. I hereby authorize IWC/IWRC and eareference to answer all questions that level of education, or actions in any tr. I understand that completing this form employment is at will, and that either	ided on this application will be used only for cation, including all statements concerning range to statement contained in any part of this application or other forms provided to IWC/IWI ch former employer, except as indicated, and may be asked and to give all information that ansaction. In does not constitute an offer of employment party is free to terminate the employment read accept employment with IWC/IWRC, I under the content of the constitute of the content of	or the consideration of my employment with IWC/IWRC. I affirm my former employment and education, are true and complete. I application. I understand that any false statement, omission of fact, or RC will be grounds for termination. It is day person, firm, corporation, or educational institution given as a at may be sought concerning me, my work, habits, character, skills, are or an employment agreement. I understand that if employed, my lationship with or without cause, with or without notice, at any inderstand and agree that this "at will" employment relationship will
Applicant Signature		Date

Note: In order to be eligible for consideration for employment, all applicants must be able to provide proof of being at least 18 years of age, possessing a valid driver's license, and high school diploma, GED or post-secondary education. Offers of employment are contingent upon successful completion of pre-employment screenings (observed drug screen, background and driving records checks)