



The Enola Group

Application for Employment

PO Box 250 Morganton, NC 28680-0250
(828) 433-2862

The Enola Group is the non-profit administrator of the federal funds for the Early Head Start Program.

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, martial or veteran status, the presence of non-job related medical condition or handicap, or any other legally protected status.

PLEASE PRINT OR TYPE

Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number			
Home:	Cell:	Other:	

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes No

Have you ever filed an application with us before?

Yes No

If Yes, give date _____

Have you ever been employed with us before?

Yes No

If Yes, give date _____

Are you currently employed?

Yes No

May we contact your present employer?

Yes No

The Enola Group contacts both personal and work references. If you do not want us to contact your Present or former employer, please contact Human Resources for assistance. You may not need to Complete the remainder of this application.

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Yes No

Proof of citizenship or immigration status will be required upon employment.

On what date will you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Can you travel if a job requires it?

Yes No

Have you been convicted of or do you have prior employment history of child or client abuse, neglect or mistreatment?

Yes No

If Yes, please explain _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

High School					Undergraduate College/University					Graduate/ Professional				
School Name and Location					School Name and Location					School Name and Location				
Years Completed	9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>	Years Completed	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	Years Completed	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Diploma/Degree <input type="checkbox"/> YES <input type="checkbox"/> NO					Diploma/Degree <input type="checkbox"/> YES <input type="checkbox"/> NO					Diploma/Degree <input type="checkbox"/> YES <input type="checkbox"/> NO				
Describe any specialized training, apprenticeship, skills and extra-curricular activities					Describe any specialized training, apprenticeship, skills and extra-curricular activities					Describe any specialized training, apprenticeship, skills and extra-curricular activities				
Describe any honors you may have received					Describe any honors you may have received					Describe any honors you may have received				
State any additional information you feel may be helpful to us in considering your application					State any additional information you feel may be helpful to us in considering your application					State any additional information you feel may be helpful to us in considering your application				

List professional, trade, business or civic activities and offices held.

You may exclude memberships, which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

References

Give name, address and telephone number of three references that are not related to you and are not previous employers.

1. _____
2. _____
3. _____

Have you ever had any job-related training in the United States military?

Yes No

If Yes, please describe: _____

Are you physically or otherwise unable to perform the duties of the job for which you are applying? Yes No

Explain: _____

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer		Dates Employed		Work Performed
Address		FROM	TO	
Telephone Number		Hourly Rate/Salary		
Job Title	Supervisor	Beginning	Ending	

Reason for Leaving

Employer		Dates Employed		Work Performed
Address		FROM	TO	
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Beginning	Ending	

Reason for Leaving

Employer		Dates Employed		Work Performed
Address		FROM	TO	
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Beginning	Ending	

Reason for Leaving

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment and other experience:

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 30 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with The Enola Group is of an "at will" nature. That means that if I am selected for employment, I may resign at any time, for any reason, with or without advance notice. It also means that The Enola Group may terminate my employment at any time, with or without cause and without advance notice. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

In the event of employment, I understand that false or misleading information given in my application of interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date



The Enola Group

PO Box 250 Morganton, NC 28680-0250
(828) 438-6484

To: _____

Date: _____
Re: Applicant's Name: _____
Social Security # _____
Position applying for: _____

I hereby grant permission for the requested information listed below to be release to The Enola Group.

Applicant Signature

Date

Your former employee, named above, has applied for employment at The Enola Group. We have obtained the above written permission from the applicant to gather previous employment data from former employers. It is understood by the applicant that information provided by former employers will be held in the strictest confidence between the two agencies. This request is within the legal guidelines of the N.C. General Statute 126 – Article 7.

Sincerely,

Karen Barthel,
HR Manager

Employment dates: _____

Job classification: _____

Reason for leaving: _____

Was notice given? _____

Recommend for employment? _____

Would you re-employ? _____

If not, why? _____

	Superior	Good	Average	Poor	No Opinion
Attendance Record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude Toward Co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acceptance of Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industriousness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability/Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

Signature

Position

Date

