

# Historical Association of Catawba County (HACC) Employment Application

Position Applied For \_\_\_\_\_

First Name	MI	Last Name	
Address	City	State	Email Address
Zip Code	County	Daytime Phone	Evening Phone

## EDUCATION

	High School	Vocational/ Technical	College/ University	Graduate/ Professional
School Name and Location				
Graduate	<input type="checkbox"/> Yes <input type="checkbox"/> No GED	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dates Attended				
Credit Hours				
Type Degree				
Course of Study/Major				

## SKILLS

List any fields of work for which you are currently licensed, registered, or certified. Give dates and sources of issuance.

List any office or other special skills you possess. (typing wpm, shorthand, business machines, professional equipment, etc.)

List any computer hardware or software with which you have experience.

List any foreign language in which you are fluent.

## GENERAL INFORMATION

**Please Answer All Questions**

- Have you ever worked under another name? (Used to verify work experience, education, etc.)  yes  no  
If yes, please list \_\_\_\_\_
- If you have a valid driver's license, indicate state of issuance and DL# \_\_\_\_\_  yes  no
- Are you legally eligible to work in the United States?  yes  no
- Are you a veteran?  yes  no
- When will you be available to begin work (mo/day/yr)? \_\_\_\_\_

**EMPLOYMENT HISTORY (Start with most recent position and work backward)**

Employer	Address	Phone
Job Title	Supervisor's Name and Title	No. Supervised by You
Date Employed (Mo/Yr) _____	Starting Salary: \$ _____ Per _____	May We Contact Employer
Date Separated (Mo/Yr) _____	Ending Salary: \$ _____ Per _____	<input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> Full-time _____ #years _____ #months	<input type="checkbox"/> Part-time _____ # years _____ # months; If Part-time, # of hours worker per week _____	
Reason for Leaving/Wanting to Leave:		
Description of Work:		

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Date Separated (Mo/Yr) _____	Ending Salary: \$ _____ Per _____	<input type="checkbox"/> yes <input type="checkbox"/> no
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Reason for Leaving/Wanting to Leave:		
Description of Work:		

## CERTIFICATION

**I certify** that all of the statements made in this application and any attached documents are true, complete, and correct to best of my knowledge and are made in good faith. I understand that any false statements or information may be grounds for rejection of my application, or dismissal if I am employed. I also understand that as a condition of my employment, I will be required to furnish documentation verifying my identity and eligibility to work in the United States. A background check of my driving, criminal, credit, or other records may be conducted before employment. I permit the HACC to conduct a police and court records investigation of my background if relevant to the job for which I am applying.

**I authorize** any and all my current and previous employers, including U.S. Government or U.S Military, and other persons, registration and licensing boards, and educational institutions listed on my application, to provide HACC with any job-related information requested. I waive any right to legal claims against a disclosing person, employer, or institution and the prospective employer seeking and using this information for hiring processes. Notwithstanding any provisions of Federal or State law. I also waive any right I may have to review confidential material or information received by CCHA from a person, employer, or institution.

**I understand** that HACC is a drug free workplace and that I must pass a drug urinalysis test, and may be required to pass a physical examination provided by HACC, before I may be employed by HACC.

I certify that *if* I am a male between the ages of 18 and 26, I am aware of and in compliance with all applicable registration requirements of the Military Selective Service Act.

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Signature of Applicant (Unsigned applications will not be processed)

Date