

Haywood Pathways Center

179 Hemlock Street Waynesville, NC 28786
www.haywoodpathwayscenter.org | 828-246-0332

EMPLOYMENT APPLICATION

SECTION 1: EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

Haywood Pathways Center (HPC) is an equal employment opportunity employer. It is the policy of HPC not to discriminate based on race, color, ancestry, religion, national origin, age, gender (including pregnancy), gender identity, sexual orientation, physical or mental disability, marital, civil union or domestic partner status, military service, family medical history or genetic information, or any other factor protected by law in the hiring, promotion, payment or discipline of employees.

HPC will not discriminate against a person with a covered disability under the Americans with Disabilities Act regarding employment practices, or terms, conditions, and privileges of employment.

If you are a person with a disability, you may request any needed reasonable accommodation to participate in the application process or interview process. This request should be made in advance so that we can make an accommodation. Reasonable accommodation will be made as appropriate to enable any employee or applicant to safely and properly perform the job applied for as requested and as appropriate.

SECTION 2: APPLICANT'S PERSONAL INFORMATION

NAME _____
(Print). First Middle Initial Last

PRESENT ADDRESS _____
(Print) Number Street

CITY _____ STATE _____ ZIP CODE _____

BEST PHONE NO. TO REACH ME: _____

HOME PHONE _____ CELL (ALTERNATE) PHONE _____

E-MAIL HOME _____ WORK _____
(OPTIONAL)

Are you 18 years old or older? Yes No

Are you legally eligible to work in the United States? Yes No

Position(s) applying for: _____

How did you hear about this position? _____

Can you perform the duties for the job for which you are applying with or without a reasonable accommodation based on the job description? *If you are unsure of the requirements of the position, please ask the Company representative for more information prior to answering this question.*

Yes No

Income expected \$ _____ Minimum income required \$ _____

If the position for which you applied requires you to drive while on duty, do you have a valid driver's license?

Yes No

Do you have any relatives or a spouse employed by this organization? Yes No

If yes, please provide names: _____

Have you ever been in the Military Service? Yes No

Have you ever been employed by this organization before? Yes No

If yes, give dates employed and indicate if employed under a different name:

Have you ever filed an application with this organization before? Yes No

If yes, when and indicate if filed under a different name:

SECTION 4: EMPLOYMENT HISTORY

(Please start with present or most recent employer) Current/Most

Recent Employer

Company Name _____ Telephone _____

Address _____

(Print) Number Street

City _____ State _____ Zip Code _____

Employment Dates (month/year) From _____ To _____

Starting Position/Title _____

Last Position/Title _____

Time in last position Years _____ Months _____

Wage/Rate of Pay Start _____ End _____

Supervisor's Name & Title _____

Reason for Leaving _____

Duties _____

May we contact your current supervisor or manager? Yes No

If no, why? _____

Next Previous Employer

Company Name _____ Telephone _____

Address _____

(Print) Number Street

City _____ State _____ Zip Code _____

Employment Dates (month/year) From _____ To _____

Starting Position/Title _____

Last Position/Title _____

Time in last position Years _____ Months _____

Wage/Rate of Pay Start _____ End _____

Supervisor's Name & Title _____

Reason for Leaving _____

Duties _____

Next Previous Employer

Company Name _____ Telephone _____

Address _____
(Print) Number Street

City _____ State _____ Zip Code _____

Employment Dates (month/year) From _____ To _____

Starting Position/Title _____

Last Position/Title _____

Time in last position Years _____ Months _____

Wage/Rate of Pay Start _____ End _____

Supervisor's Name & Title _____

Reason for Leaving _____

Duties _____

Next Previous Employer

Company Name _____ Telephone _____

Address _____
(Print) Number Street

City _____ State _____ Zip Code _____

Employment Dates (month/year) From _____ To _____

Starting Position/Title _____

Last Position/Title _____

Time in last position Years _____ Months _____

Wage/Rate of Pay Start _____ End _____

Supervisor's Name & Title _____

Reason for Leaving _____

Duties _____

SECTION 5: EDUCATION

High school _____ City/State _____

Last year completed	1	2	3	4
Did you graduate?	Y e s	N o		

College _____ City/State _____

Last year completed	1	2	3	4
Did you graduate?	Y e s	N o		

If yes, what degree(s) did you obtain? _____

Graduate Studies _____ City/State _____

Last year completed	1	2	3	4
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Did you graduate?	Yes	No		
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If yes, what degree(s) did you obtain? _____

Business/Trade/Professional School _____

City/State _____

Last year completed	1	2	3	4
Did you graduate?	Y	N		

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If yes, what degree(s) / certificate(s) did you obtain? _____

SECTION 6: REFERENCES

PERSONAL REFERENCES

Give the contact information of two (2) personal references of persons not related to you, whom you have known at least one (1) year:

Name	Email Address	Phone Number
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PROFESSIONAL REFERENCES

Give the contact information of two (2) professional references from supervisors, managers, administrators, or executive directors for whom you have worked:

Name	Email Address	Phone Number
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SECTION 7: PROFESSIONAL LICENSES, CERTIFICATIONS AND CREDENTIALS

Please indicate any job-related licenses, certifications, or credentials:

THE FOLLOWING SHALL BE FILLED OUT FOR ANY POSITION THAT REQUIRES FUNDRAISING

Please list the number of years of professional experience you have in the following areas:

_____ Major Gifts Programs

_____ Individual, Business/Corporate, Church and Civic Group Giving Programs

_____ Annual Fund Programs

_____ Planned Giving Programs

_____ Capital Campaigns

_____ Grant Research/Writing

_____ Fundraising/Event Management

_____ Marketing/Social Media

SECTION 8: APPLICANT STATEMENT OF AGREEMENT

I certify that all information I have provided to apply for and secure work with HPC is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (1) cancel further consideration of this application, or (2) immediately discharge me from the Employer’s service, whenever it is discovered.

I expressly authorize, without reservation, HPC, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding HPC, its agents, or representatives, for seeking, gathering, dispersing and using such information in the employment process and all other persons, corporations or organizations for furnishing same.

I understand that HPC does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for only 90 days. At the conclusion of that time, if I have not heard from HPC and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

I agree to immediately notify HPC if I should be convicted of a felony or any crime involving dishonesty, breach of trust, controlled substances, sexual misconduct, abuse, or violence, while my job application is pending or, during my period of employment, if hired.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior

notice, and HPC reserves the right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of Employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the an authorized representative of Employer.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT AGREEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement of Agreement.

Signature of Applicant: _____ Date: _____

This application will be kept on file for 90 days. You need to complete another application to be reconsidered after this date.