



APPLICATION for EMPLOYMENT
Western Carolina Community Action, Inc. (WCCA)
P O Box 685
220 King Creek Blvd
Hendersonville, NC 29793
www.wcca.net

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position desired _____ Date ____/____/____

How did you hear about us? Walk In Advertisement Friend
 NC ESC/Joblink Other _____

Name _____
Last Name First Name Middle Initial

Address _____
Street Address

City State Zip Code

Home Phone # _____ Mobile Phone # _____

Best time to contact you is: ____:____AM/PM

E-mail Address _____

Are you related to any WCCA employee or any member of the Agency's governing board?
 Yes No

IF YES, explain: _____

Have you ever been employed by WCCA? Yes No
IF YES, give date & Position: _____

Do you know anyone who is employed by WCCA? Yes No
If yes, who? _____



EMPLOYMENT HISTORY/MILITARY EXPERIENCE - List all jobs including part-time employment, self employment, and military with the most recent and working backwards in time. Account for all periods of employment/unemployment. *Complete this section even if you attached a resume. Incomplete information could disqualify you from further consideration.*

| |
|---|
| Employer Name: Please start with your present or most recent job first |
| Address |
| City, State |
| Telephone Number |
| Job Title |
| Duties Performed |
| Supervisor |
| Reason for Leaving |
| Dates Employed: From: ___/___/___ To: ___/___/___ |
| Hourly Rate/Salary: \$ _____ |
| |
| Employer Name |
| Address |
| City, State |
| Telephone Number |
| Job Title |
| Duties Performed |
| Supervisor |
| Reason for Leaving |
| Dates Employed: From: ___/___/___ To: ___/___/___ |
| Hourly Rate/Salary: \$ _____ |
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| Employer Name |
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| Supervisor |
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| Dates Employed: From: ___/___/___ To: ___/___/___ |
| Hourly Rate/Salary: \$_____ |
| |
| Employer Name |
| Address |
| City, State |
| Telephone Number |
| Job Title |
| Duties Performed |
| Supervisor |
| Reason for Leaving |
| Dates Employed: From: ___/___/___ To: ___/___/___ |
| Hourly Rate/Salary: \$_____ |
| |

May we inquire of your previous employers for references? Yes No
 IF NO, please explain: _____

Please summarize any special training, skills, licenses, and/or certificates that may qualify you as being able to perform job related functions in the position for which you are applying:

REFERENCES

Give list (3) three persons not related to you, whom you have known at least three (3) years, and have knowledge of you character, experience and ability

| Name | Address, Phone, Email | Occupation | Years Acquainted |
|------|-----------------------|------------|------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |



GENERAL INFORMATION

Are your schools or previous employment records under any name other than the one you now use? Yes No

If yes, what is the other name?

Have you ever been suspended, dismissed, or asked to resign from any job? Yes No

If yes, explain:

Western Carolina Community Action Inc may obtain your Department of Motor Vehicles driving record if the position your are applying for has job responsibilities that involve the operation of your vehicle, including Agency owned, or a vehicle leased/rented at the Agency's expense. In order for WCCA to assess your driving history complete the following:

Do you have transportation to and from work? Yes No

Do you hold a current driver's license not under suspension? Yes No

If yes, State Driver's License issue: _____

Driver's License Number: _____

Do you have a CDL? Yes No

Have you been convicted for any moving violation within the past 3 years? (i.e. DUI, speeding, reckless driving etc.) Yes No

If yes please describe: _____

Do you have General Liability Auto Insurance required by the State of North Carolina to operate a vehicle? Yes No

Expiration Date of Coverage: ____/____/____



IMPORTANT – We are glad that you are interested in joining the WCCA family. Please read the following statements carefully before you sign and return this application.

Western Carolina Community Action Inc. (WCCA), in considering my application for employment, may verify the information set forth on this application and obtain additional background information relating to my background. **I have read, understand, and agree to this statement, (please initial here).** _____

I understand that Western Carolina Community Action Inc (WCCA) has a commitment to maintain an alcohol/drug free workplace, and that some positions require a drug screening test as a part of its selection and hiring process. I understand that such drug screening will consist of the testing of a urine sample or other medically recognized test designed to detect traceable amounts of a controlled substance in my body. If any detectable amounts are found in my body, a second test, approved by the NIDA will be performed on the same specimen. If the results of the second test are also positive, I will be disqualified from consideration for employment and any offer of employment withdrawn. I further understand and agree that if I am employed, I may be required to submit to alcohol/drug testing under certain circumstances during my employment. Apple Country Transportation employees will be required to comply with Federal Drug and Alcohol Policies (pre-employment, random and post accident). **I have read, understand, and agree to the statement above, (please initial here).** _____

I understand that I will be required to provide verification of Education listed on this application if selected for an interview **(please initial here).** _____

I understand that Western Carolina Community Action Inc. (WCCA) is a smoke free facility. I have read, understand, and agree to this statement, **(please initial here).** _____

I certify that the information on this application is correct and I understand that any misrepresentation or omission of any information may result in my disqualification from consideration for employment or, if employed, my dismissal. I understand that this application is not a contract, offer, or promise of employment for any specific period and that I am employed on an "at-will" basis. If hired I will be able to resign at any time for any reason; likewise, the agency can terminate my employment at any time with or without cause, advance notice or opportunity for a grievance hearing. **I have read, understand, and agree to this statement, (please initial here).** _____

Date of Application

Signature as shown on Social Security Card

This application for employment will not be considered unless fully completed

This application is valid only for 30 days from the date signed above

EEO SELF-IDENTIFICATION FORM – ETHNICITY AND GENDER

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

Western Carolina Community Action, Inc. (WCCA) is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, WCCA invites applicants to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not affect the decision regarding your application for employment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

If you choose not to self-identify at this time, the federal government allows this employer to determine the information asked below by visual survey.

PLEASE PRINT

NAME: _____ DATE: _____
Last First Middle

Position applied for: (list only one) _____

****PLEASE ANSWER THE FOLLOWING QUESTIONS IN SECTIONS 1 AND 2****

SECTION 1: What is your gender? Check only **ONE** box:

- Male Female

SECTION 2: What is your race or ethnicity? Check only **ONE** box.

- Hispanic or Latino:** A person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- White (not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (not Hispanic or Latino):** A person having origins in any of the black racial groups of Africa.
- American Indian or Alaskan Native (not Hispanic or Latino):** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian (not Hispanic or Latino):** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Native Hawaiian or Pacific Islander (not Hispanic or Latino):** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Two or More Races (one of which is not Hispanic or Latino):** All persons who identify with more than one of the above five races listed as *not Hispanic or Latino*.