



Cumberland Community Foundation, Inc.

308 Green Street • P.O. Box 2345 • Fayetteville, NC 28302
www.cumberlandcf.org

Phone (910)483-4449 • Fax (910)483-2905

APPLICATION FOR EMPLOYMENT

DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

Home Phone () _____ Cell Phone () _____ E-mail address: _____

Are you at least 18 years of age? Yes No If no, then age _____

Are you legally eligible for employment in the United States? Yes No
 (If offered employment, you will be required to provide documentation to verify eligibility.)

Are you related by blood or marriage to any current employee of CCF? Yes No

Position applied for : _____

Days/hours available to work
 No Pref _____ Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

REFERRAL SOURCE
 How did you hear about us? Walk In, Advertisement, Website, Referral, Other _____

Do you know anyone who works for CCF? Yes No If yes, who? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When are you available to begin employment? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School			12 Other _____	
Bus. or Trade School				
College			1 2 3 4	
Professional School /				
Graduate School				
Other:				

Have you ever been convicted of a crime other than a minor traffic violation? (A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.)
 No Yes If yes, explain fully on a separate sheet.

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DO YOU HAVE A DRIVER'S LICENSE? Yes No DO YOU HAVE VEHICLE INSURANCE? Yes No

Driver's license number _____ State of issue _____

Expiration date _____

Do you have a car available for use at work if required by job? Yes No

Have you had any accidents during the past three years? How many? _____

Have you had any moving violations during the past three years? How Many? _____

OFFICE ONLY

Typing	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ WPM	10-key	<input type="checkbox"/> Yes <input type="checkbox"/> No	Word Processing	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ WPM
Personal Computer	<input type="checkbox"/> Yes <input type="checkbox"/> No	PC <input type="checkbox"/> Mac <input type="checkbox"/>	Other	_____	Skills	_____	_____

REFERENCES

Please list three references other than relatives or previous employers.

(1) Name _____	(2) Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone () _____	Telephone () _____

(3) Name _____
Position _____
Company _____
Address _____

Telephone () _____

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD OR MILITARY RESERVES? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

APPLICATION FOR EMPLOYMENT

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give company name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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May we contact your present employer? Yes No

PLEASE READ CAREFULLY

Applicant's Certification and Agreement

I certify that the information contained in this application is correct to the best of my knowledge. I understand that any exaggeration, falsification, misrepresentation, incomplete information or omission made by me on this application or during an interview or otherwise during the hiring process is grounds for refusal to hire me or, if hired, my dismissal. I authorize any of the persons or organizations referenced in this application (including but not limited to former employers, educational institutions, associations, or licensing boards) to give Cumberland Community Foundation, Inc. (hereinafter "Foundation") any and all information concerning the subjects covered by this application and release all such parties and the Foundation from all liability for any damage that may result from furnishing such information. I authorize the Foundation to request and receive such information.

If employed, I understand that I will be an employee "at will" and either the Foundation or I may terminate my employment relationship at any time with or without notice for any reason not violative of the law.

I understand that the Foundation operates a drug-free workplace. I agree to comply with the Foundation's regulations and policies, and acknowledge that these rules, regulations and policies may be changed, interpreted, withdrawn or supplemented any time and without prior notice to me.

I acknowledge that any offer of employment, or my acceptance of an employment offer, if such is to occur, may be withdrawn with or without cause, and with or without prior notice, at any time at the option of the Foundation or myself. I understand that this application and any other documents that I may receive are not contracts of employment. I understand that the "at will" nature of my employment may not be changed by any written document, oral statement, or conduct unless the change is specifically acknowledged in writing by the Executive Director. I understand that any oral or written statements that differ from this explanation of the "at will" nature of my employment at the Foundation are expressly disavowed, and I understand that I should not rely on such statements. I further understand that no representative of the Foundation other than the President of the Board of Directors or Executive Director has any authority to enter into any agreement for employment or to assure any other personnel action, either prior to commencement of employment or after I have become employed, or to assure any benefits or terms and conditions of employment, or make any agreement contrary to the foregoing.

Signature of applicant _____ Date: _____

Cumberland Community Foundation, Inc. is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with the Foundation depends solely on your qualifications.

Thank you for completing this application and for your interest in Cumberland Community Foundation, Inc.

POST EMPLOYMENT INFORMATION FORM

TO BE COMPLETED AFTER EMPLOYEE HAS BEEN HIRED

Birth date _____

Marital Status Married Single Separated Divorced Widowed

Full name of spouse _____ Occupation _____

Name of company _____ Telephone (____) _____

PERSONS TO BE NOTIFIED IN CASE OF EMERGENCY

(1) Name _____ Telephone (____) _____

Address _____ Relationship _____

(2) Name _____ Telephone (____) _____

Address _____ Relationship _____

(3) Name _____ Telephone (____) _____

Address _____ Relationship _____

FOR INSURANCE PURPOSES ONLY: LIST ALL DEPENDENTS

NAME	RELATIONSHIP	BIRTH DATE	SSN

TO BE COMPLETED
BY EMPLOYER

Date of employment _____ Job title _____ Dept. _____

Supervisor _____ Rate of pay _____ Hourly _____ Salaried

Full-time Part-time Exempt Non-Exempt

Confirm Receipt of: W-4 I-9 Employee Handbook w/ Acknowledgements Declination of Insurance Other

Completed by: _____ on ____/____/____