

Application for Employment

Robert and Janice McNair Educational Foundation
P.O. Box 635, Forest City, North Carolina 28043

All references in this application to the "Company" are to Robert and Janice McNair Educational Foundation. The Company is an equal opportunity employer and does not consider race, religion, color, sex, age, national origin, disability, veteran status or any other characteristic protected by federal, state or local laws in employment decisions and extends equal access to employment services and programs to all persons. Such discrimination is unlawful and will not be tolerated by the Company. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources department.

Personal Information	First Name		Last Name		MI	
	Have you ever attended school or worked under a former/maiden/alias name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list names here:					
	Current Street Address		Apt. #	Home Phone Number	Check if preferred contact	
	City	State	Zip	Alternate Phone Number	Check if preferred contact	
	Email Address:			Social Security Number		
	Have you ever been employed by the Company or affiliates? If yes, when and where were you employed?					<input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you have any relatives that are currently employed by the Company?					<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible to work in the United States? (Proof of citizenship or immigration status will be required upon hire)					<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you 18 years of age or older?					<input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you ever been convicted of, received deferred adjudication for, or entered a plea of guilty to, a felony or misdemeanor (including a plea to a lesser included offense; a plea of nolo contendere or no contest; or an acceptance of a diversionary program, deferred adjudication, disposition of supervision, or similar arrangement)? If yes, please explain: _____ _____					<input type="checkbox"/> Yes <input type="checkbox"/> No
	(An affirmative response may not exclude you from employment. The Company will review any affirmative response, the circumstances surrounding the affirmative response, and the date relating to the affirmative response in making a hiring decision.)					
	How did you hear about the Company?					

Education, Training and Special Skills	TYPE OF SCHOOL	NAME/LOCATION	GRADUATE?	DIPLOMA/DEGREE	MAJOR/COURSES
	High School <input type="checkbox"/> Check if currently attending				
	Trade School or Junior College <input type="checkbox"/> Check if currently attending				
	College or University <input type="checkbox"/> Check if currently attending				
	College or University <input type="checkbox"/> Check if currently attending				
	Graduate School <input type="checkbox"/> Check if currently attending				
	Graduate School <input type="checkbox"/> Check if currently attending				

In what foreign languages are you able to speak, read and/or write? (Indicate level of proficiency.)

Beginning with your most recent employer, account for any and all job-related experience including military service assignments and volunteer activities. A resume may be attached to provide supplemental information, but may not be substituted for the requested information. You may exclude organizations which indicate race, religion, color, sex, age, national origin, disabilities, veteran status or other protected status.

EMPLOYER 1	Dates Employed		Duties Performed:
	From	To	
<input type="checkbox"/> Check if current employer			
Address	Annual Base Salary		
	Starting	Final	
Telephone Number	Bonus or other wages		
	Starting	Final	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Final Job Title	Reason for Leaving:		
Supervisor Name			

EMPLOYER 2	Dates Employed		Duties Performed:	
	From	To		
Address	Annual Base Salary			
	Starting	Final		
Telephone Number	Bonus or other wages			
	Starting	Final		
Final Job Title		Reason for Leaving:		
Supervisor Name				

EMPLOYER 3	Dates Employed		Duties Performed:	
	From	To		
Address	Annual Base Salary			
	Starting	Final		
Telephone Number	Bonus or other wages			
	Starting	Final		
Final Job Title		Reason for Leaving:		
Supervisor Name				

EMPLOYER 4	Dates Employed		Duties Performed:	
	From	To		
Final Job Title	Annual Base Salary			
	Starting	Final		
Address	Bonus or other wages			
	Starting	Final		
Telephone Number		Reason for Leaving:		
Supervisor Name				

Have you ever been terminated from employment or been asked to resign from a position? Yes No
 If yes, please explain:

Employment History

References	List three (3) professional references. Do not include family members, past supervisors or people who reside with you.				
	Name	Address	Phone Number	Occupation	Years Acquainted

Skills and Qualifications	Summarize any special training, skills, activities, licenses and/or certifications that will assist you in performing the duties of the position(s) for which you are applying.	

	Computer Skills: (Check all that apply. Include software titles and years of experience)	
	<input type="checkbox"/> Word Processing _____ Years: _____ <input type="checkbox"/> Spreadsheet _____ Years: _____ <input type="checkbox"/> Presentation _____ Years: _____ <input type="checkbox"/> Email _____ Years: _____	<input type="checkbox"/> Internet _____ Years: _____ <input type="checkbox"/> Database _____ Years: _____ <input type="checkbox"/> Other _____ Years: _____ <input type="checkbox"/> Other _____ Years: _____
List professional organizations to which you belong. <i>You may exclude any that would reveal race, religion, color, sex, age, national origin, disabilities, veteran status or any other protected status.</i>		
Organization	Office(s) Held	
List any special accomplishments, publications, awards, etc. <i>You may exclude memberships that would reveal race, religion, color, sex, age, national origin, disabilities, veteran status or any other protected status.</i>		

In your current or prior job(s), have you ever given written or oral instruction or direction to be followed by employees or customers? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:		

Please use the space below to provide any additional job-related information necessary to describe your full qualifications or that you would like the Company to know about you.		

Employment Preferences	Position Desired:	Compensation Expectation:
	Date Available:	Hours Preferred: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary/Seasonal
	Are you able to travel if job requires? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you available on weekends and/or outside of standard office hours (Monday-Friday, 8:30 a.m. – 5:30 p.m.)? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you have a valid driver's license? (Proof will be required as condition of employment should position require motor vehicle operation as a job requirement.) <input type="checkbox"/> Yes <input type="checkbox"/> No	

*****Please Read Carefully*****

If I am hired by the Company, I understand, agree and acknowledge as follows:

- 1) My employment will be “at-will” for me and the Company. My employment may be terminated at any time by either party, for any or no reason, unless I have an employment contract with the Company that provides otherwise.
- 2) I will abide by all the rules, regulations and policies of the Company. It is my responsibility upon employment to become familiar with all internal policies of the Company, including, but not limited to, human resources, compliance, and information systems policies, as they may change from time to time.
- 3) After an offer of employment, I may be subject to completion of a medical examination by a health care provider designated by the Company prior to employment and at such a time as may be required by the Company, and that any examination may include testing the Company or health care provider deems necessary.
- 4) I will not directly or indirectly, other than in the business of the Company and in the scope of my employment, disclose or use at any time (either during or after my employment) any information, knowledge or data of the Company which is of a secret, confidential or proprietary nature, unless I have secured the prior written consent of the Company.
- 5) I have not disclosed, and will not disclose to the Company, have not been asked to disclose to the Company, and have been instructed by the Company not to disclose, any of my current or any former employer’s trade secrets or proprietary information or the names or phone numbers of other employees or customers of my current or any former employer. The Company is only interested in my general knowledge and skill and does not want or need any of my current or any former employer’s trade secrets or proprietary information. I have not brought and will not bring with me any of my current or any former employer’s proprietary or confidential information and have returned or will return all property of my current employer or related to my current employer, whether or not I worked on it at home or on my own time.
- 6) There will be no contract for any specified term or length of employment; and no one with the Company may later bind the Company to a contract of employment except the Chairman and CEO in writing.
- 7) The Company only employs United States citizens and aliens lawfully authorized to work in the United States. All offers of employment made by, and employment with, the Company are contingent upon the applicant’s/employee’s compliance with the Immigration Reform and Control Act (IRCA) of 1986. To comply, each new hire or rehire must complete the Employment Eligibility Verification Form I-9, by providing required documentation to establish identity and employment eligibility on or before the third day of employment.
- 8) The Company operates seven days per week. Weekend work, overtime (if applicable to my employment status), changes of schedule and/or changes of geographic location may be required during my employment at the sole discretion of the Company.
- 9) The Company may administer additional pre-employment cognitive ability tests which I attest that I will solely complete according to my own knowledge and skills.

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Applicant’s Statement

By signing below, I certify that all information contained in this application for employment is true and accurate. I understand that falsification or concealment of facts, or failure to provide complete and correct information, on this application, my resume and/or during this application process may result in ineligibility for hire or discharge when discovered, as appropriate. Unless otherwise noted, I authorize the Company to investigate all facts and statements presented on this application or during the application process. I also authorize and request my reference source(s), previous employers, and schools I have attended to provide the Company with any and all information concerning my employment, my education, my ability and experience. I release and hold harmless the Company, my prior employers and reference source(s) from any liability that may arise from providing or using this information. I expressly waive any claim against the same for damages, loss or injury I may sustain as a result of the Company's efforts to verify the information I provide during the application process or any disclosures made under this authorization. I certify that I will not violate any contract I have with my current or any former employer by applying for and/or accepting employment with the Company. I also represent and warrant to the Company that I have not previously assumed any obligations inconsistent with those contained here. I understand, agree and acknowledge that the above statements were given voluntarily and not made under duress or with promise of employment with the Company and that my failure to strictly comply and adhere with these terms will result in disciplinary action, up to and including rejection of my application or termination of employment

Printed Name: _____ Date: _____

Signature: _____