

**Application for Employment
Equal Opportunity Employer**

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

PERSONAL INFORMATION

NAME _____
Last First Middle

CURRENT ADDRESS _____
Street City State Zip

PHONE: HOME WORK SOCIAL SECURITY #

POSITION FOR WHICH YOU ARE APPLYING: _____

AVAILABILITY: FULL TIME PART TIME DATE AVAILABLE TO START: _____

REFERRED BY: NEWSPAPER WEBSITE FRIEND/RELATIVE OTHER: _____

OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

A conviction does not automatically exclude you from consideration for employment.

EDUCATION

HIGHEST LEVEL COMPLETED: _____
Grades 9 10 11 12 Years of College 1 2 3 4 Major/Degree

HIGH SCHOOL NAME AND LOCATION _____

COLLEGE NAME AND LOCATION _____

POST GRADUATE DEGREES/COLLEGE NAME AND LOCATION _____

SCHOLASTIC HONORS & PROFESSIONAL ORGANIZATIONS _____

OTHER TRAINING, EXPERIENCE, CERTIFICATION, AND/OR LICENSES WITH EXPIRATION DATES THAT
CONTRIBUTE TO YOUR QUALIFICATIONS _____

NOTE: YOU MAY SUBMIT A RESUME AND/OR CURRICULUM VITAE TO SUPPLEMENT THIS INFORMATION

EXPERIENCE

Please list your last three employers, beginning with the most recent.
You may submit a resume to *supplement* the information given.

EMPLOYER NAME

ADDRESS

PHONE

SUPERVISOR

REASON FOR LEAVING

DATES EMPLOYED: from

to

FINAL POSITION

FINAL SALARY \$

per

DUTIES

EMPLOYER NAME

ADDRESS

PHONE

SUPERVISOR

REASON FOR LEAVING

DATES EMPLOYED: from

to

FINAL POSITION

FINAL SALARY \$

per

DUTIES

EMPLOYER NAME

ADDRESS

PHONE

SUPERVISOR

REASON FOR LEAVING

DATES EMPLOYED: from

to

FINAL POSITION

FINAL SALARY \$

per

DUTIES

MILITARY SERVICE? YES NO DATES: from _____ to _____

FINAL RANK: _____

BRANCH OF SERVICE: _____

TYPES OF OFFICE EQUIPMENT AND SOFTWARE WITH WHICH YOU ARE PROFICIENT:

REFERENCES

Please provide three references that we can contact and who are able to evaluate your professional knowledge and abilities:

NAME	PHONE
TITLE	COMPANY
ADDRESS	

NAME	PHONE
TITLE	COMPANY
ADDRESS	

NAME	PHONE
TITLE	COMPANY
ADDRESS	

CERTIFICATION

Read carefully before signing.

I certify that the information I have provided on this **Application For Employment** and any accompanying documents is true and complete. I understand and agree that employment with Salem Academy and College, if offered, may be immediately discontinued if misrepresentation, false statements or material omissions are found to have been made. I hereby authorize educational institutions, former employers, and former supervisors to provide any and all information pertinent to my being considered for employment and hereby release those providing such information from any liability for doing so. I understand that employment, if offered, is contingent upon my providing proof of identity and employment eligibility for completing a Form I-9. I understand that I may be required to submit to a physical examination and that I may be required to submit to a pre-employment drug screen. I understand that, if employed, Salem Academy and College or I may terminate the employment relationship at any time, with or without cause, with or without notice, and that, if employed, employment does not constitute a contract of employment between myself and Salem Academy and College. If employed, I will abide by and conform to all Salem policies, rules and procedures as may be in effect from time to time. I understand that, upon request, I will be provided a copy of my signed **Application For Employment**. I have read the above, understand its content and meaning, and agree to all of its provisions.

APPLICANT'S SIGNATURE

DATE

MAIL TO: Salem Academy and College, 601 S. Church Street, Winston-Salem, NC 27101
Attention: Name the specific person or department OR Payroll and Benefits Office
FAX 1-336-721-2785 (Payroll and Benefits Office)