



Employment Application

Sturgeon City of Jacksonville NC, Inc. seeks to afford equal opportunity to all applicants without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records, or pregnancy, and to afford equal opportunity to disabled veterans, veterans of the Vietnam era, and individuals with a disability and any other characteristics protected by Federal, State, or Local Law.

Notice to Applicants:

All applicants will be subject to a pre-employment criminal background check and drug screening as a condition of employment with Sturgeon City. Failure to comply with these screening processes will impact offers of employment.

Please return completed application and resume to: email at info@sturgeoncitiy.org. Call the Program and Events Manager at (910) 750-5876 if you have any questions.

First name: _____ MI: _____ Last name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone number: _____ (Circle One) Home Cell

Email Address: _____ Position interested in: _____

If hired, can you provide verification of your legal right to work in the United States? Yes No

Have you ever been convicted of a felony or misdemeanor? Yes No

If you answered 'yes' to the previous question, please explain on **Attachment I**.

Availability (list available days/hours)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Educational Background

Did you either graduate from high school or pass the High School Equivalency test? Yes No

Name of High School: _____ Location: _____

Highest school year completed (enter 1-12): _____

	Name of School	City, State	Diploma Awarded	Degree	Major
College			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate or Professional			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Additional qualifications/trainings (i.e. CPR Certification)

Please list/describe any applicable qualifications (attach additional pages if necessary).

Are you currently or have you ever been a member of the armed services? Yes No

Employment History. Answer all questions for each period of employment for up to your last three jobs.

Employer	Telephone /	Brief summary of your job responsibilities.
Address		
Job Title		
Immediate Supervisor and Title		
<u>Dates Employed</u> From: ____/____/____ To: ____/____/____		
May we contact this employer? Δ Yes ΔNo		

Employer	Telephone /	Brief summary of your job responsibilities.
Address		
Job Title		
Immediate Supervisor and Title		
<u>Dates Employed</u> From: ____/____/____ To: ____/____/____		
May we contact this employer? Δ Yes ΔNo		

Employer	Telephone /	Brief summary of your job responsibilities.
Address		
Job Title		
Immediate Supervisor and Title		
<u>Dates Employed</u> From: ____/____/____ To: ____/____/____		
May we contact this employer? Δ Yes ΔNo		

Certification of Applicant:

I, the undersigned, hereby expressly authorize Sturgeon City of Jacksonville, its agents, and designated employees to make an investigation of my personal or employment history, expressly including, but not limited to, federal and state criminal, law enforcement, or traffic records. I further authorize any former employer, person, firm, corporation, credit agency, administrative body, or governmental agency to give Sturgeon City of Jacksonville, its agents, or designated employees, any information they may have regarding me. In consideration of the review of my employment application, I hereby release Sturgeon City of Jacksonville and any and all providers of information to whom this release is sent from any liability as a result of furnishing or receiving this information.

Further, I certify that I have made true, correct, and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application, and I understand that any omission or falsely answered statements made by me on this application, or any supplements to it will be sufficient grounds for failure to employ or for my discharge should I become employed with Sturgeon City.

Applicant Signature: _____ Date: _____

Attachment I: Additional information regarding conviction of felony or misdemeanor

Additional information: Please answer the following questions to the best of your ability

1) Date; 2) Location; 3) Charge and a description of the offense; 4) Penalty/Disposition.