



**JOE LAMB JR. & ASSOCIATES
EMPLOYMENT APPLICATION**

Post Office Box 1030
Kitty Hawk, NC 27949
252-261-4444

NAME : _____ Social Security No. _____

Mailing Address : _____

Home Phone Number : _____ Other phone number: _____

Are you 18 years or older? _____ Are you legally eligible to work in the United States? _____

AVAILABILITY: When are you available to begin employment? _____

Are you presently employed? _____ Have you given notice? _____

Type of Employment Desired: Full-Time Part-Time Temporary Seasonal Position

Salary desired \$ _____

EDUCATIONAL BACKGROUND:

Name and Location	Years Completed	Did you graduate?	Course of Study
High School			
College			
Other			

If you did not graduate from high school, have you passed the High School Equivalency Test? Yes No

TRAINING:

List fields of work for which you are licensed, registered, or certified. Include date of issuance, state where license was issued, and license/registration/certificate number:

1. _____
2. _____
3. _____

(**TRAINING** continued from previous page)

If position applied for calls for specific courses, indicate courses and credit received.

SKILLS:

Indicate skills, knowledge, and abilities in the following areas which relate to the position you are applying for. Please check all that apply and that you would be able to use immediately upon employment.

Typing _____ Shorthand _____ Transcription _____ Data Entry _____ Adding Machine/Calculator _____

Computer hardware (specify) _____ Computer Operating Systems (Windows XP, MAC, etc.) _____

Computer Programming (specify languages and equipment) _____

CRIMINAL RECORD:

Have you ever been convicted of a misdemeanor or a felony? (In North Carolina, a minor traffic offense not punishable by imprisonment is identified as an "infraction" and is not included in the question.) Yes No

If yes, please explain: _____

NOTE: A conviction record will not necessarily exclude you from employment. Factors such as age at time of offense, rehabilitation efforts, how recent the offense was, nature of the crime and type of job for which you are applying will be considered.

DRIVERS LICENSE:

Do you have a valid driver's license? Yes No

If yes, please indicate state and number _____

REFERENCES: List three persons who are not related to you who have definite knowledge of your qualifications for the position for which you are applying, such as co-workers, teachers, etc. DO NOT list supervisors you have listed elsewhere on this employment application.

Name, Occupation, and Address	Telephone	Years Known
	()	
	()	
	()	

EMPLOYMENT HISTORY: Use a separate section for each position. Describe in detail all work experience beginning with your present or most recent position.

Employer 1	Address	Telephone ()
Job Title	Name of Supervisor	No. Supervised by You
Job Duties (be specific)		
Date Employed (mo/yr)	Full-time or part-time? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time If part-time, no. of hours per week	
Date Separated (mo/yr)		
Starting Salary: \$ per	Reason for leaving:	
Ending Salary: \$ per		

Employer 2	Address	Telephone ()
Job Title	Name of Supervisor	No. Supervised by You
Job Duties (be specific)		
Date Employed (mo/yr)	Full-time or part-time? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time If part-time, no. of hours per week	
Date Separated (mo/yr)		
Starting Salary: \$ per	Reason for leaving:	
Ending Salary: \$ per		

Employer 3	Address	Telephone ()
Job Title	Name of Supervisor	No. Supervised by You
Job Duties (be specific)		
Date Employed (mo/yr)	Full-time or part-time? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time If part-time, no. of hours per week	
Date Separated (mo/yr)		
Starting Salary: \$ per	Reason for leaving:	
Ending Salary: \$ per		

Employer 4	Address	Telephone ()
Job Title	Name of Supervisor	No. Supervised by You
Job Duties (be specific)		
Date Employed (mo/yr)	Full-time or part-time? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time If part-time, no. of hours per week	
Date Separated (mo/yr)		
Starting Salary: \$ per	Reason for leaving:	
Ending Salary: \$ per		

CERTIFICATE OF APPLICANT

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. I further understand that this is an application for employment as an employee "at will" and that no employment contract is being offered. I understand that if I am employed, such employment is for no definite period of time and that Joe Lamb Jr. & Associates can change wages, benefits, and conditions at any time or terminate me without cause or notice. I understand that I may resign at any time with or without notice or cause.

I give the Employer the right to investigate all references and representations made by me in the application or interview process and to secure additional job related information about me. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

I have read and understand the above:

SIGNATURE OF APPLICANT: _____

DATE SIGNED: _____