

**Wake Enterprises, Inc.**  
**Employment Application Form**

2421 TIMBER DRIVE, RALEIGH, NC 27604 (MAIN OFF.) \* 3333 AIRPARK ROAD, FUQUAY VARINA, NC 27526

www.wake-enterprises.org

**PLEASE PRINT ALL  
 INFORMATION REQUESTED  
 EXCEPT SIGNATURE**

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify Human Resources.



**APPLICATION FOR EMPLOYMENT**

**PLEASE COMPLETE PAGES 1-5.** DATE \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden

Present address \_\_\_\_\_  
Number Street City State Zip

How long \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

If under 18, please list age \_\_\_\_\_ Are you legally eligible for employment in this country?  No  Yes

Position applied for (1) \_\_\_\_\_ Days/hours available to work  
 and salary desired (2) \_\_\_\_\_  
No Pref \_\_\_\_\_ Thur \_\_\_\_\_  
 Mon \_\_\_\_\_ Fri \_\_\_\_\_  
 Tue \_\_\_\_\_ Sat \_\_\_\_\_  
 Wed \_\_\_\_\_ Sun \_\_\_\_\_

Referral Source  Advertisement  Walk-in  Government  
 Employment Agency  Other

May we contact you at work? \_\_\_\_\_  No  Yes If yes, work number and best time to call \_\_\_\_\_

Have you ever applied here before? \_\_\_\_\_  No  Yes If yes, give dates \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Have you ever been employed here before? \_\_\_\_\_  No  Yes If yes, give dates \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

How many hours can you work weekly? \_\_\_\_\_ Will you travel if the job requires it?  No  Yes

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

Will you work overtime if required? \_\_\_\_\_ If no, please explain \_\_\_\_\_

When available for work? \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	DEGREE or DIPLOMA
High School				
College				
Bus. or Trade School				
Professional School				

**\*Minimal Requirement\*** Applicants will be required to provide proof of GED or High School Diploma

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  No  Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. Conviction will not necessarily bar employment. \_\_\_\_\_

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DO YOU HAVE A DRIVER'S LICENSE?     Yes     No

What is your means of transportation to work? \_\_\_\_\_

Driver's license  
number \_\_\_\_\_ State of issue \_\_\_\_\_     Operator     Commercial (CDL)     Chauffeur  
Expiration date \_\_\_\_\_  
\_\_\_\_\_

**OFFICE ONLY**

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

Please list two references other than relatives or previous employers.

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

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES?       Yes     No

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

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**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 firm 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

Did you complete this application yourself     Yes     No

If not, who did? \_\_\_\_\_

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**PLEASE READ CAREFULLY**

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I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is disclosed.

I give Wake Enterprises the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability Wake Enterprises and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

Wake Enterprises does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law.

The application is current for one year. At the conclusion of this time, if I have not heard from Wake Enterprises and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and Wake Enterprises reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of Wake Enterprises, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand that all job applicants and rehires will be required to submit to testing for the presence of illegal drugs as a condition of employment. Each offer of employment shall be conditional upon the successful completion of a test for illegal drugs and controlled substances as prescribed by the company. Any applicant with a confirmed positive test result will be denied employment. Wake Enterprises will not discriminate against applicants for employment because of a past history of substance abuse. Therefore, individuals who have failed a pre-employment test may initiate another inquiry after a period of no less than six months, but must present themselves drug-free.

I understand that Wake Enterprises' policy is not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

**Signature of applicant** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

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This Company 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 this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

# Wake Enterprises, Inc

A United Way Agency

## Reference Contact Information Form

To: \_\_\_\_\_ (Contact Name)

\_\_\_\_\_ ( Company Name)

\_\_\_\_\_ ( Company Address, City, State and Zip Code)

\_\_\_\_\_ ( Fax Number)

Date: \_\_\_\_\_

The individual named below has applied for the position of \_\_\_\_\_ with Wake Enterprises, Inc. Please help us evaluate this candidate for employment by completing the attached reference form and returning by fax 919) \_\_\_\_\_. Before faxing please call \_\_\_\_\_ at \_\_\_\_\_ to report that you are sending a confidential fax.

## APPLICANT'S RELEASE OF LIABILITY

\_\_\_\_\_ Applicant's Name \_\_\_\_\_ SS #

I have applied for employment with Wake Enterprises, Inc. and hereby authorize Wake Enterprises, Inc. and it's representatives to contact references, previous employers, and /or persons who may aid Wake Enterprises in determining my suitability for employment. Additionally, I release Wake Enterprises and those individuals and/or organizations contacted from all liability whatsoever for requesting/releasing information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Name of Applicant \_\_\_\_\_ SS # \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING**

Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_

Salary: \$ \_\_\_\_\_ per hr wk yr (circle one)

Position(s) Held: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Would you re-hire the applicant? \_\_\_\_\_

Would you recommend employment with Wake Enterprises? \_\_\_\_\_

	SUPERIOR	GOOD	AVERAGE	BELOW AVERAGE	POOR
Quality of Work					
Attendance					
Supervisory Skills					
Acceptance of Supervision					
Cooperation					
Dependability					
Productivity					
Initiative					
Oral Communication					
Written Communication					

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

Title

\_\_\_\_\_

Date