

APPLICATION FOR EMPLOYMENT



P.O. Box 129 Linville, NC 28646 (828)733-2013

*An equal opportunity employer*

|  |                        |
|--|------------------------|
| Name:  | Email Address:         |
| Local Address:                                   | Permanent Address:     |
| Local Telephone #:                               | Permanent Telephone #: |
| Earliest date available to work:                 | Latest date available: |
| Are you available to work weekends & holidays?   |                        |
| Do you have a valid automobile driver's license? |                        |

**EDUCATION**

|   |               |
|---|---------------|
| High School Attended:                         |               |
| College Attended/Attending:                   | Degree/Major: |
| Relevant Course Work, Special Projects:       |               |
| Additional Education/Certification Completed: |               |

**EMPLOYMENT HISTORY**

May we contact your employers for reference? \_\_\_\_\_

List your two most recent jobs or those relevant to the position applying for.

|                            |                    |                      |
|----------------------------|--------------------|----------------------|
| Employer's Name:           | Phone #:           |                      |
| Job Title:                 | Supervisor's name: | Dates of employment: |
| Duties & responsibilities: |                    |                      |

|                            |                    |                      |
|----------------------------|--------------------|----------------------|
| Employer's Name:           | Phone #:           |                      |
| Job Title:                 | Supervisor's name: | Dates of employment: |
| Duties & responsibilities: |                    |                      |

Have you ever been convicted of a felony violation?

\* If yes, please explain:

*\*Answering yes does not necessarily disqualify an applicant from employment.*

### REFERENCES

List name, telephone # and address of two references that are not related to you and are not listed in the employment section of this application.

Name: Phone #:

Address:

Name: Phone #:

Address:

### ADDITIONAL INFORMATION

I certify that the information in this application is true and complete to the best of my knowledge. I understand that, if employed, I will be subject to immediate dismissal if I have made any false statements, misrepresentations or withheld pertinent information in this application, interview(s) or related documents.

I authorize the references listed to give you any and all information concerning my previous employment and pertinent information they may have and release all parties from liability for any damage that may result from disclosure of said information.

I acknowledge that, if I become employed, I will be free to terminate my employment at any time for any reason and Grandfather Mountain Stewardship Foundation retains these same rights.

This application shall be considered active for a period of one year.

Date:

Signature: