**Mid-Carolina Council of Governments**

**Job Application**

*Please type or print clearly in black or blue ink, answer all questions, and sign and date the form.*

*If you run out of room, please feel free to attach additional pages.*

*Although not required, you may attach a letter of interest and resume.*

**POSITION:**

Position Applied For:

**PERSONAL INFORMATION:**

First Name:

Middle Name:

Last Name:

Address:

City:

State:

Zip Code:

Phone:

Email:

Are you eligible to work in the United States? Yes \_\_\_\_\_\_\_ No\_\_\_\_\_\_\_

Are you 18 years of age or older? Yes \_\_\_\_\_\_\_ No\_\_\_\_\_\_\_

If you are under age 18, do you have an employment/age certificates? Yes \_\_\_\_\_\_\_ No\_\_\_\_\_\_\_

Have you been convicted of or pleaded no contest to a felony within the last five years? Please note, answering “yes” will not prevent you from being considered for employment.

Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_

If yes, please explain:

**EDUCATION, SKILLS, AND EXPERIENCE:**

School Diploma/Certificate/Degree Completion Date

Skills and Qualifications (Licenses, Skills, Training, Awards, Etc.)

**EMPLOYMENT HISTORY:**

Present or Last Position

Employer:

Address:

Supervisor:

Phone:

Email:

Position Title:

Employment Start Date: Employment End Date:

Responsibilities:

Salary:

Reason for Leaving:

Previous Position

Employer:

Address:

Supervisor:

Phone:

Email:

Position Title:

Employment Start Date: Employment End Date:

Responsibilities:

Salary:

Reason for Leaving:

Previous Position

Employer:

Address:

Supervisor:

Phone:

Email:

Position Title:

Employment Start Date: Employment End Date:

Responsibilities:

Salary:

Reason for Leaving:

Previous Position

Employer:

Address:

Supervisor:

Phone:

Email:

Position Title:

Employment Start Date: Employment End Date:

Responsibilities:

Salary:

Reason for Leaving:

May We Contact Your Present Employer?

Yes \_\_\_\_\_ No \_\_\_\_\_

**REFERENCES:**

Name Title/Organization Phone Number

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Mid-Carolina Council of Governments**

**Non-Discrimination Notice**

Mid-Carolina Council of Governments (MCCOG) follows Federal civil rights laws. MCCOG does not discriminate against any applicant or recipient of its programs, services, or activities on the basis of race, religion, creed, color, national origin, age, gender or gender identity, sexual orientation, disability, substance abuse history, health or medical status, height, weight, marital status, veteran status or genetic information, whether carried out by MCCOG directly or through a contractor or any other entity with which MCCOG carries out its programs and activities.