

Have you ever been fired or resigned from a position after being notified you would be fired? Yes No
 (If yes, explain) _____

	Name & Location	Date		Degree or # Of Credits Completed	Date Graduated	Major Area of Study
		From	To			
High School/ Highest Grade Completed						
College or University						
Graduate School						
Business or Trade School						

If you expect to complete an educational program in the near future, please indicate what type of degree you are pursuing and when you expect to receive it: _____

Please list your present and past employment, **beginning with the most recent**. Include any related military service or related volunteer work. If appropriate, list number and title of employees you supervised in each position. You may attach a resume as supplemental information.

You may contact my PRESENT employer: Yes No If 'No' Please explain: _____

Present or most recent Employer: Name & Address	From Mo./Yr.	To Mo./Yr.	Starting Salary	Ending Salary	# of Hours per week	Reason for Leaving
Supervisor's Name/Telephone	Position Title: Description of work:					
Name & Address of Employer	From Mo./Yr.	To Mo./Yr.	Starting Salary	Ending Salary	# of Hours per week	Reason for Leaving
Supervisor's Name/Telephone	Position Title: Description of work:					

Name & Address of Employer	From Mo./Yr.	To Mo./Yr.	Starting Salary	Ending Salary	# of Hours per week	Reason for Leaving
	Position Title:					
Supervisor's Name/Telephone	Description of work:					

Awards or Certifications: _____

Languages you speak fluently: _____

Please remember to attach your resume to this application – you may also email your resume directly to csligh@adtsrc.org

Please list **at least three** references: (One must be a professional reference)

Reference Name	Relationship to you	Title	Company	Contact Number

Applicant's Statement

I have read the job description attached to this application for the position I am applying for and I can fulfill the necessary requirements.

I understand that the Aging, Disability & Transit Services of Rockingham County follows an “employment at will” policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable agency policies and/or state or federal law; this “employment at will” policy cannot be changed verbally or in writing, unless the change is specifically authorized by the Executive Director of the Aging, Disability & Transit Services of Rockingham County. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand that the Aging, Disability & Transit Services will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and employers named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information. I further understand and agree that Aging, Disability & Transit Services will conduct criminal background checks as required by North Carolina law and/or agency policy.

All prospective employees will be required to have a pre-employment drug screening and TB Screening.

All employees are subject to random drug and alcohol testing during their employment with Aging, Disability & Transit Services of Rockingham County. A positive drug and/or alcohol test without an acceptable note from a doctor explaining the circumstances will make an applicant ineligible for employment at ADTS

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Signature of Applicant: _____ **Print Name:** _____

Date: _____

**PLEASE CHECK YOUR APPLICATION – YOUR APPLICATION WILL NOT BE REVIEWED
UNLESS ALL BELOW ARE COMPLETED OR ATTACHED:**

	COMPLETED (Please Initial)
1. All Application questions are answered	
2. At least three references (one of which is a professional reference) are listed with contact numbers	
3. I have read carefully the 'Applicants Statement' and signed my understanding and agreement	