



Skills, Incorporated

307 Commerce Drive
Elizabeth City NC 27909
Voice:252-333-3755 Fax: 252-333-3754
www.skillscrp.org

Employment Application

Should you require an accommodation to participate in the application, interviewing, or hiring process with Skills, Inc. due to a disability, please let us know. You can make this request orally or in writing, or someone else might make a request for you (e.g., a family member, friend, health professional, or other representative, such as a job coach). Skills, Inc. will be happy to provide accommodations.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Additional Questions

Do you feel that you have any skills in which you are proficient that would make you qualified for this position?

Yes No **If Yes, please explain:** _____

Are there any other experiences, skills, or qualifications which you feel would especially make you a good fit to work with our organization? Yes No **If Yes, please explain:** _____

Have you ever been barred from accepting a civil service job? Yes No **If Yes, please explain:** _____

Have you ever been fired from any job, or quit after being told you were being fired from your job for any reason?: Yes No **If Yes, please explain:** _____

Please list any civic, professional, or other activities that you would like to mention (including any awards that you have received): _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____