



*Regional Consolidated Services
 Post Office Box 1883
 Asheboro NC 27204 1883
 336 629 5141*

RCS considers all applicants for employment without regard to race, color, religion, sex, national origin, age, disability, or status as a Vietnam-era or special disabled veteran in accordance with federal laws. RCS complies with applicable state and local laws prohibiting discrimination in employment. We provide reasonable accommodation to individuals with a disability in accordance with applicable laws.

PLEASE PRINT

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Position Applying For →

Last Name First Middle

Mailing address

City State Zip County

Full time Part time Which do you prefer
 Yes No Do you have relatives who work for RCS

If yes, who: _____

Yes No Have you ever worked for RCS?

If yes, when: _____

Yes No Do you have the legal right to work and remain in the United States? *Proof of citizenship or immigration status required if employed.*

Yes No Can you travel if the job requires it?

Yes No Do you have a car available to get to work and to use on the job?

Yes No Are you willing to accept other than traditional working hours or alter your hours if necessary?

Yes No Is there anything that would prevent you from performing in a reasonable and safe manner the activities involved in the position for which you have applied?

If yes, explain below:

Date of Application ↓

Social Security Number ↓
 (Last 4 digits)

Home Telephone Number ↓

Best time to contact you ↓

Alternate Phone Number ↓

Date available for work ↓

Have you ever been convicted of a crime? Yes No
 If yes, specify nature of

offense _____

When _____

Where _____

Disposition _____

A conviction record will not necessarily be a bar to employment. This information will be used only for job-related purposes and only to the extent permitted by applicable law.

Application must be complete. RCS will not accept a resume in place of information requested on this form. Resumes are accepted as a supplement to the application.

EDUCATION

SCHOOL	NAME AND ADDRESS OF SCHOOL	Course of study	Number of years completed	Did you graduate? Yes or No	Specify diploma, certificate, degree received
High School					
Undergraduate College					
Graduate/ Professional					
Other (specify)					
Other (specify)					

MILITARY SERVICE RECORD: Have you ever served in the U.S. Armed Forces? Yes No

List duties in the Service, including special training, that is relevant to the position for which you have applied. .

WORK EXPERIENCE: Start with your **present or last job**. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status. If more space is needed, use a continuation sheet.

Employer/Company	Dates Employed		WORK PERFORMED: Describe fully the work you performed for this employer.
	From	To	
Phone ()			
Address	Hourly Pay Rate		
	Starting	Ending	
Job Title			
Supervisor	May we contact this employer <i>now</i> or wait till later? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for Leaving:			

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Reason for Leaving:			

Comments: Include explanation of any gaps in employment. _____

Skills and Abilities: For example, computer use, computer programs you can operate, typing ability, other office equipment, and other experiences or abilities that you feel especially qualify you for work with our company.

Personal References, excluding relatives. In listing references, list persons who have knowledge of your qualifications for the position(s) for which you are applying, such as former coworkers, teachers, etc. Do not repeat names of supervisors you will list under Work Experience.

NAME	PHONE NUMBER With area code	OCCUPATION and your relationship with this person (friend, coworker, teacher)	BEST TIME TO CALL

Pre-employment statement (read carefully before signing below). I understand and voluntarily agree that:

1. The information I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification for refusal of employment, or if employed, termination from RCS employ.
2. Any offer of employment I may receive from RCS is contingent upon my successful completion of the total pre-employment screening process including RCS's receipt of references that it considers satisfactory, and my satisfactory completion of any post-job offer pre-employment physical examination required.
3. I understand that as a condition of employment, I may be required to undergo and successfully pass a screening for alcohol and/or drugs. I also understand and agree that, if employed, I may be required to submit to an alcohol or drug screening at any time at the discretion of RCS.
4. In processing my application for employment, RCS may verify all information provided by me concerning, among other things, my prior employment or military record, education, character, general reputation, personal characteristics, criminal record, and mode of living.
5. I authorize and request that all of my present and former employers and those individuals I have listed as personal references furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information.
6. In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of RCS and understand that my employment and compensation can be terminated with or without cause or notice at any time at the option of either RCS or me. No person, other than the RCS executive director, has the authority to enter into any agreement with me for employment for any specified period of time or to make any agreement different from or contrary to RCS policy. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and the executive director of RCS.

Signature _____

Date _____



This information will in no way affect you as an applicant. Its sole use will be to see how well our recruitment efforts are reaching all segments of the population.

Date of Birth _____
Month Day Year

Sex _____ Male
_____ Female

- Race**
- _____ Hispanic or Latino defined as a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
 - _____ White defined as a person having origins in any of the original peoples of Europe, the Middle East, or North Africa
 - _____ Black or African American defined as a person having origins in any of the black racial groups of Africa
 - _____ Native Hawaiian or Other Pacific Islander defined as a person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands
 - _____ Asian defined as a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
 - _____ American Indian or Alaska Native defined as a person having origins in any of the original peoples of South America (including Central America), and who maintain tribal affiliation or community attachment
 - _____ Two or more races defined as all persons who identify with more than one of the above five races

DISABILITY STATUS *The reporting of a disability is strictly voluntary.*

A disability is any impairment that substantially limits one or more major life activities. A disabled person is one who (1) actually has such an impairment, (2) has a record of such impairment, or (3) is regarded as having such an impairment.

Item A ➤ *Non-disabled persons should check None below.*

➤ *Disabled persons who do not wish to report their disabilities should check Prefer not to report or Prefer not to comment below.*

_____ None _____ Prefer not to report _____ Prefer not to comment

Item B ➤ *Disabled persons who wish to report their disability should check one or more choices in Item B.*

- _____ Blind or severely visually impaired
- _____ Deaf or severely hearing impaired
- _____ Loss or limited use of arms and/or hands
- _____ Non-ambulatory (must use a wheelchair)
- _____ Other orthopedic impairment (i.e., amputation, arthritis, back injury, cerebral palsy, spina bifida, etc.)
- _____ Respiratory impairment
- _____ Nervous system/neurological disorder
- _____ Mentally restored
- _____ Mental retardation
- _____ Learning disability
- _____ Other (heart disease, diabetes, speech impairment)
- _____ Other (please specify) _____

Information reported on this form will be maintained only in personnel files that must be kept confidential under State Law. Public disclosure of this information without your consent would be a violation of G.S. 126-27.