NOTICE:

1. **TO BE CONSIDERED FOR W.T. HUMPHREY GROUP EMPLOYMENT, YOU MUST ANSWER ALL QUESTIONS AND COMPLETE ALL SECTIONS OF THIS APPLICATION FORM.**
2. W.T. HUMPHREY, INC. EMPLOYS ONLY U.S. CITIZENS OR ALIENS WHO CAN PROVIDE PROOF OF IDENTITY AND WORK AUTHORIZATION WITHIN 3 WORKING DAYS OF EMPLOYMENT.

WHEN COMPLETING THIS APPLICATION, PLEASE MAKE SURE YOU:

1. USE A BLACK INK PEN OR TYPEWRITER.
2. COMPLETE THIS SECTION FOR EQUAL OPPORTUNITY INFORMATION.
3. GIVE COMPLETE INFORMATION ON YOUR EDUCATION AND WORK HISTORY ("SEE RESUME" IS NOT ACCEPTABLE).
4. LIST SEPARATELY EACH JOB HELD AND YOUR DUTIES FOR EACH POSITION WHEN YOU WORKED FOR ONE EMPLOYER AND HELD MORE THAN ONE POSITION.
5. CHECK FOR ACCURACY, SIGN AND DATE YOUR APPLICATION.

THANK YOU FOR YOUR INTEREST IN W.T. HUMPHREY GROUP. THE W.T. HUMPHREY GROUP WANTS TO FIND THE BEST-QUALIFIED PEOPLE AVAILABLE TO SERVE ITS CUSTOMERS. ALTHOUGH EVERYONE WHO APPLIES CANNOT BE HIRED, YOUR APPLICATION WILL BE KEPT ON FILE FOR THIRTY DAYS AND WILL BE GIVEN EVERY CONSIDERATION. THE W.T. HUMPHREY GROUP IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER.

APPLICATION FOR EMPLOYMENT

Date of Application

Please Print or Type **W.T. HUMPHREY GROUP 2421 N. Marine Blvd., Jacksonville, NC 28546**

Social Security Number	Last Name	First Name	Middle Name

Address (Street number and name)	City	County

State	Zip Code	Phone (Home or where you can be reached) ( )	Business Phone ( )

If you are not available for work now, enter the earliest date you could begin work (mo/day/yr) _____

Will you accept work anywhere in N.C.? ☐ YES ☐ NO If not, list below the counties in which you would be willing to work.

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

Job Applied For

Enter below the specific title(s) of the job(s) for which you are applying. Please list no more than three on this application.

1. _____ 2. _____ 3. _____

Referral Source

Please indicate your referral source: _____ If you were referred by the Employment Security Commission (Job Service) please indicate which local office: _____

Education

Select highest level of education:

Schools	Name and Location	Dates Attended (mo/yr) From: To:	Grad?		Type of Degree Received
High School			YES		
			NO		
College(s) University(s)			YES		
			NO		
Graduate or Professional			YES		
			NO		
Other education: Vocational school, Internship, etc.			YES		
			NO		

Special skills or training programs that may qualify you for employment with our company (List):

_____

_____

Licenses and certifications (List, giving dates and sources of issuance):

_____

_____

Skills

CHECK the following skills, experiences, etc. which you have.

☐ Driver's License _____ Number State

☐ Commercial Driver's License _____ Number State

☐ Car for use at work

☐ Sign Language

☐ Foreign Language (specify) _____

☐ Adding Machine/Calculator

☐ Typing (specify WPM) _____

☐ Shorthand/Speedwriting (WPM) _____

☐ Legal Transcription

☐ Medical Transcription

☐ Braille

☐ Word Processing

☐ Other _____

Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.)

YES ☐ NO ☐ (If yes, explain fully on an additional sheet.)

Membership in professional, honorary, or technical societies (List):

_____

_____

Equal Opportunity Information

Government policy prohibits discrimination based on race, sex, color, creed, national origin, age or disability. The information requested below 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 ☐☐ (mo.) ☐☐ (day) ☐☐ (yr.) SEX ☐ M (male) ☐ F (female) Check One

CODE ETHNIC GROUP

- ☐ Black, not of Hispanic origin
- ☐ Asian or Pacific Islander
- ☐ Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race)
- ☐ American Indian or Alaskan native
- ☐ White, not of Hispanic
- ☐ Two or More Races

DISABILITY: "Disability means, with respect to an individual: (1) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (2) a record of such an impairment; or (3) being regarded as having such an impairment" (Americans with Disabilities Act of 1990). Persons without a disability should check item A.

The reporting of a **disability is strictly VOLUNTARY**. Persons with disabilities who **DO NOT WISH** to report their disabilities should check item A. Information reported on this form will be kept confidential as required by Law. Public disclosure of this information without your consent would be a violation of G.S. 126-27.

- **A** ☐ None-Prefer not to report
- B ☐ Blind or severely visually impaired
- C ☐ Deaf or severely hearing impaired
- D ☐ Loss or limited use of arms and/or hands
- E ☐ Non-ambulatory (must use wheelchair)
- F ☐ Other orthopedic impairment (including amputation, arthritis, back injury, cerebral palsy, spina bifida, etc.)
- G ☐ Respiratory impairment
- H ☐ Nervous system/ Neurological Disorder
- I ☐ Mentally restored
- J ☐ Mental retardation
- K ☐ Learning disability
- L ☐ Others (heart disease, diabetes, speech impairment)
- M ☐ Other (Please Specify) _____

Work History (Include volunteer experience). Use Additional Sheets, if necessary

Current or Last Employer:			Address:	
Job Title:	Supervisor's Name:		Telephone Number:	No. Supervised by you:
Date Employed (mo/yr):	Starting Salary $ per	Ending or Current Salary $ per	Reason for Leaving:	May we Contact Employer? ☐ YES ☐ NO
Date Separated (mo/yr):	List major duties in order of their importance in the job:			

Employer:			Address:	
Job Title:	Supervisor's Name:		Telephone Number:	No. Supervised by you:
Date Employed (mo/yr):	Starting Salary $ per	Ending or Current Salary $ per	Reason for Leaving:	May we Contact Employer? ☐ YES ☐ NO
Date Separated (mo/yr):	List major duties in order of their importance in the job:			

Employer:			Address:	
Job Title:	Supervisor's Name:		Telephone Number:	No. Supervised by you:
Date Employed (mo/yr):	Starting Salary $ per	Ending or Current Salary $ per	Reason for Leaving:	May we Contact Employer? ☐ YES ☐ NO
Date Separated (mo/yr):	List major duties in order of their importance in the job:			

U.S. MILITARY SERVICE

Branch of Service:	From:	To:	Military Occupational Specialty:
Branch of Service:	From:	To:	Military Occupational Specialty:

REFERENCES

Name:	Address:	Phone Number:	Years Known:
Name:	Address:	Phone Number:	Years Known:
Name:	Address:	Phone Number:	Years Known:

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment may occur if fraudulent disclosures are given to meet position qualifications.

Signature of Applicant (unsigned applications will not be recognized or processed) Date