



# Employment Application

Position Applied For \_\_\_\_\_

First Name	Last Name	MI	SSN (optional)	
Address		City	State	
Zip Code	County	Daytime Phone	Evening Phone	Email

## EDUCATION

	High School	Vocational/Technical	College/University	Graduate/Professional
School Name and Location				
Graduate	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dates Attended				
Credit Hours				
Type Degree				
Course Study				

## SKILLS

List any fields of work for which you are currently licensed, registered or certified. Give dates and sources of issuance.

---

List any office or other special skills you possess.

---

List any computer software with which you have experience.

---

## GENERAL INFORMATION

*PLEASE ANSWER ALL QUESTIONS*

- Do you currently work for Catawba Science Center?  Yes  No
- Are you a former employee of Catawba Science Center?  Yes  No  
If yes, indicate Department and Date Separated \_\_\_\_\_.
- Are you related by blood or marriage to any person currently employed by Catawba Science Center?  Yes  No  
If yes, indicate Name, Department, and Relationship \_\_\_\_\_.
- Have you ever been convicted of any unlawful offenses other than a minor traffic violation?  Yes  No  
If yes please explain fully on a separate sheet. (The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.)
- Have you ever worked under another name? (Used to verify work experience, education etc.)  Yes  No  
If yes, please list \_\_\_\_\_.
- If you have a valid driver's license, indicate state of issuance and DL# \_\_\_\_\_
- If you are subject to Selective Service registration, are you in compliance?  Yes  No
- Are you legally eligible to work in the United States?  Yes  No
- Are you a veteran?  Yes  No
- When will you be available to work (mo/day/yr)? \_\_\_\_\_
- How did you become aware of this position?
  - Internet, which site \_\_\_\_\_
  - Newspaper, which one \_\_\_\_\_
  - Friend/CSC Employee
  - Other (please specify) \_\_\_\_\_

# EMPLOYMENT HISTORY

(Start with most recent position and work backwards)

Employer	Address	Phone
Job Title	Supervisor's Name and Title	No. Supervised by you
Date Employed (Mo / Yr) _____	Starting Salary: _____ per _____	May We Contact Employer?
Date Separated (Mo / Yr) _____	Ending Salary: _____ per _____	<input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> Full-time ____ # years ____ # months	<input type="checkbox"/> Part-time ____ # years ____ # months; If Part-time # of hours worked per week _____	
Reason for Leaving/Wanting to Leave: _____		
Description of Work: _____		

Employer	Address	Phone
Job Title	Supervisor's Name and Title	No. Supervised by you
Date Employed (Mo / Yr) _____	Starting Salary: _____ per _____	May We Contact Employer?
Date Separated (Mo / Yr) _____	Ending Salary: _____ per _____	<input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> Full-time ____ # years ____ # months	<input type="checkbox"/> Part-time ____ # years ____ # months; If Part-time # of hours worked per week _____	
Reason for Leaving/Wanting to Leave: _____		
Description of Work: _____		

Employer	Address	Phone
Job Title	Supervisor's Name and Title	No. Supervised by you
Date Employed (Mo / Yr) _____	Starting Salary: _____ per _____	May We Contact Employer?
Date Separated (Mo / Yr) _____	Ending Salary: _____ per _____	<input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> Full-time ____ # years ____ # months	<input type="checkbox"/> Part-time ____ # years ____ # months; If Part-time # of hours worked per week _____	
Reason for Leaving/Wanting to Leave: _____		
Description of Work: _____		

I certify that all of the statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and are made in good faith. I authorize investigation and release of all statements made in this application to Catawba Science Center hiring officials. I understand that false information is grounds for rejection of my application and/or dismissal if I am employed. I understand that Catawba Science Center is a drug-free workplace and that I must have a negative drug test before I may be employed by Catawba Science Center.

Signature of Applicant (Unsigned applications will not be processed) \_\_\_\_\_ Date \_\_\_\_\_