## **Don Lee Center**

315 Camp Don Lee Road Arapahoe, NC 28510 (252) 249-1106/FAX 888-661-9908 www.donleecenter.org

## **Application for Employment**

Name:			Nickname:					
Mailing Add	dress:							
City:			_ State:			·		
Date of Birt	h:							
Telephone Number: Please list your home number or a number where y				Best Time To Call:P				
Position Ap	plying For:							
How did yo	u learn about this p							
Education/Certifications/Skills								
Circle the	highest grade co	mpleted 1	2345678910	11 12	GED	College 1 2 3 4		
Name and Location	Dates Attended	Graduate?		Type Degree/	Accomplishments	;		
High School		Yes						
		No						
College or University		Yes						
		No						
Other educational, vocational school internships, etc.								
Certifications								
Skills								

Do you have a valid Driver's License?

Do you have transportation to and from work?

## PLEASE FILL OUT **WORK HISTORY** COMPLETELY — USE ADDITIONAL SHEETS AS NECESSARY

A. Current or Last Employer		Address			
Job Title		Supervisor's Name/Phon	e Number		
Date Started (MM/YY)	Starting Salary	Full-time began	Years/Months	Hours Worked	
	\$ per	Part-time began			
Date Separated (MM/YY)	Ending Salary \$ per	Reason For Leaving			
Duties					
B. Employer		Address			
Job Title		Supervisor's Name/Phone Number			
Date Started (MM/YY)	Starting Salary	Full-time began	Years/Months	Hours Worked	
	\$ per	Part-time began			
Date Separated (MM/YY)	Ending Salary	Reason For Leaving		<u> </u>	
Duties	\$ per				
C. Employer		Address			
Job Title		Supervisor's Name/Phon	e Number		
Date Started (MM/YY)	Starting Salary	Full-time began	Years/Months	Hours Worked	
	\$ per	Part-time began			
Date Separated (MM/YY)	Ending Salary	Reason For Leaving	1	<u> </u>	
Duties	\$ per				

Please provide three references not related to you and who have knowledge of your character, experience, ability. We will contact your references as part of the employment process.

	<u></u>		
Name	Relatio	nship	
Mailing Address	City	State	Zip Code
Name			
Iname	Relatio	nsmp	
Mailing Address	City	State	Zip Code
Name	Relatio	nshin	
Nunc	Kelatio	nsmp	
Mailing Address	City	State	Zip Code
cant's Signature:		Date:	