

Under One Sky, Inc.

Renewing the Human Spirit

WHEN COMPLETING THIS APPLICATION, PLEASE MAKE SURE YOU:

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

THANK YOU FOR YOUR INTEREST IN UNDER ONE SKY. WE WANT TO FIND THE BEST QUALIFIED PEOPLE AVAILABLE TO SERVE THE YOUTH IN OUR PROGRAM. ALTHOUGH EVERYONE WHO APPLIES CANNOT BE HIRED, YOUR APPLICATION WILL BE GIVEN EVERY CONSIDERATION.

APPLICATION FOR EMPLOYMENT			Under One Sky, Inc.		Date of Application
(SSN Voluntary, for Record Keeping and Data Processing Only)					
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 subject to Military Selective Service registration, certify compliance by initialing dotted line	
Military Service					
Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Do you wish to declare a service-connected disability? <input type="checkbox"/> YES <input type="checkbox"/> NO					
At the time of this application, are you the surviving spouse or dependent of a deceased veteran who died from service-related reasons? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Do you wish to declare eligibility for veterans preference as the spouse of a disabled veteran? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Give dates of your (or spouse's) qualifying active military service:					
Entered: _____ Separated: _____ Branch: _____ Rank: _____					
Are you a member of the Military Reserves? <input type="checkbox"/> YES <input type="checkbox"/> NO Branch: _____ Rank: _____					
AGENCY USE ONLY: ELIGIBILITY FOR VETERAN'S PREFERENCE: <input type="checkbox"/> YES <input type="checkbox"/> NO					
CHECK the types of work you will accept: <input type="checkbox"/> 1. Permanent full-time <input type="checkbox"/> 2. Permanent part-time <input type="checkbox"/> 3. Temporary full-time <input type="checkbox"/> 4. Temporary part-time					
<input type="checkbox"/> 5. Any of the preceding <input type="checkbox"/> 6. Work involving Travel <input type="checkbox"/> 7. Shift or Split Shift Work					
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.? <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, list below the counties in which you would be willing to work.)					
1. _____		2. _____		3. _____	
4. _____		5. _____			
Jobs 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					
Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 Graduate School 1 2 3 4					
Under S/Q Hrs., list the hours of credit received and if they were semester (S) or quarter (Q) hours.					
Schools	Name and Location	Dates Attended (mo/yr) From: To:	Grad? YES <input type="checkbox"/> NO <input type="checkbox"/>	S/Q Hrs.	Major/Minor Course Work
High School					
College(s) University (s)			YES <input type="checkbox"/> NO <input type="checkbox"/>		
Graduate or Professional			YES <input type="checkbox"/> NO <input type="checkbox"/>		
Other educational, vocational school, internships, etc.			YES <input type="checkbox"/> NO <input type="checkbox"/>		
Special training programs and seminars you have completed in the last five years (list):					
If the job(s) applied for calls for specific courses, indicate those courses taken and credits received:					
Current professional status: (List fields of work for which you have been registered)					
Registration: _____ State: _____ No. _____					
Registration: _____ State: _____ No. _____					
Membership in professional, honorary, or technical societies (list):				DO NOT COMPLETE THIS BLOCK	
				DEGREES AND PROFESSIONAL CREDENTIALS	
				<input type="checkbox"/> Have been verified	
				<input type="checkbox"/> Will be verified within 90 days (G.S. 126-30)	
				Person Responsible: _____	

Equal Opportunity Information

State Government policy prohibits discrimination based on race, sex, color, creed, national origin, age or disability. Sex, age or absence of disability is a bona fide occupational qualification in a small number of State jobs. 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) (year)	Check One SEX <input type="checkbox"/> M <input type="checkbox"/> F (male) (female)	<p>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.</p> <p>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 State law. Public disclosure of this information without your consent would be a violation of G.S.</p> <table style="width:100%;"> <tr> <td style="width:33%; vertical-align: top;"> A <input type="checkbox"/> None/Prefer not to report B <input type="checkbox"/> Blind or severely visually impaired C <input type="checkbox"/> Deaf or severely hearing impaired D <input type="checkbox"/> Loss of limited use of arms and/or hands E <input type="checkbox"/> Non-ambulatory (must use wheelchair) F <input type="checkbox"/> Other orthopedic impairment (including amputation, arthritis, back injury, cerebral palsy, spina bifida, etc.) </td> <td style="width:33%; vertical-align: top;"> G <input type="checkbox"/> Respiratory impairment H <input type="checkbox"/> Nervous system/Neurological disorder I <input type="checkbox"/> Mentally restored J <input type="checkbox"/> Mental retardation K <input type="checkbox"/> Learning disability L <input type="checkbox"/> Others (heart disease, diabetes, speech impairment) M <input type="checkbox"/> Other (please specify) _____ </td> <td style="width:33%;"></td> </tr> </table>	A <input type="checkbox"/> None/Prefer not to report B <input type="checkbox"/> Blind or severely visually impaired C <input type="checkbox"/> Deaf or severely hearing impaired D <input type="checkbox"/> Loss of limited use of arms and/or hands E <input type="checkbox"/> Non-ambulatory (must use wheelchair) F <input type="checkbox"/> Other orthopedic impairment (including amputation, arthritis, back injury, cerebral palsy, spina bifida, etc.)	G <input type="checkbox"/> Respiratory impairment H <input type="checkbox"/> Nervous system/Neurological disorder I <input type="checkbox"/> Mentally restored J <input type="checkbox"/> Mental retardation K <input type="checkbox"/> Learning disability L <input type="checkbox"/> Others (heart disease, diabetes, speech impairment) M <input type="checkbox"/> Other (please specify) _____	
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<p>ETHNIC GROUP</p> 1. <input type="checkbox"/> White (non-Hispanic) 2. <input type="checkbox"/> Black (non-Hispanic) 3. <input type="checkbox"/> Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race) 4. <input type="checkbox"/> Asian (including Pacific Islander) 5. <input type="checkbox"/> American Indian (including Alaskan native)					

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

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

<input type="checkbox"/> Driver's License _____ Number _____ State _____	<input type="checkbox"/> Sign Language _____	<input type="checkbox"/> Legal transcription _____
<input type="checkbox"/> Chauffeur's License _____ Number _____ State _____	<input type="checkbox"/> Foreign language (specify) _____	<input type="checkbox"/> Medical transcription _____
	<input type="checkbox"/> Adding Machine/calculator _____	<input type="checkbox"/> Braille _____
	<input type="checkbox"/> Typing (specify WPM) _____	<input type="checkbox"/> Word Processing _____
	<input type="checkbox"/> Shorthand/speedwriting (specify WPM) _____	<input type="checkbox"/> 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.)

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 <input type="checkbox"/> NO <input type="checkbox"/>
Date Separated (mo/yr)	List major duties in order of their importance in the job:			
Full Time Years Months				
Part Time Years Months				

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	
Date Separated (mo/yr)	List major duties in order of their importance in the job:			
Full Time Years Months				
Part Time Years Months				

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	
Date Separated (mo/yr)	List major duties in order of their importance in the job:			
Full Time Years Months				
Part Time Years Months				

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 shall be mandatory if fraudulent disclosures are given to meet position qualifications (Authority: G.S. 126-30, G.S. 14-122.1.)

_____ Signature of Applicant (unsigned applications will not be processed)	_____ Date
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1/10/2008