



INSTRUCTIONS:

To be considered for Wright Directions Family Services of Seaside Healthcare employment, you must answer all questions (unless listed as optional) and complete all sections of this application form.

Wright Directions Family Services of Seaside Healthcare employs only US citizens or foreign nationals who can provide proof of identity and work authorization within 3 working days of employment. Males subject to military selective service registration must certify compliance to be eligible for state employment (G.S. 143b-421.1). See availability block.

Thank you for your interest in employment with Wright Directions Family Services of Seaside Healthcare. Wright Directions Family Services of Seaside Healthcare hires the most qualified people available to serve its citizens. Although everyone who applies cannot be hired, each application will be given consideration based on its competitiveness compared to other applications received. PD 107 (REV Feb 2020)

Equal Opportunity Information

State Government policy prohibits discrimination based on race, sex, color, creed, national origin, age, genetic information 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 not affect you as an applicant and is not forwarded to the hiring manager. Its sole use will be to see how well our recruitment efforts are reaching all segments of the population. Answering the ethnicity question is optional. Birth date is required for correct input by our technicians of paper application content into our electronic application system, where birthdate is required in order to save the application.

Ethnicity:

1. White (Non-Hispanic/Latino)
2. Black or African American (Non-Hispanic/Latino)
3. Asian
4. American Indian or Alaskan Native
5. Native Hawaiian or Other Pacific Islander
6. Two or More Races (Non-Hispanic/Latino)
7. Hispanic/Latino

Birthdate (required):

Month _____ Day ____ Year _____

Gender (required):

- Male
 Female

Disability:

- Yes, I have a disability (or previously had a disability)
 No, I don't have a disability
 I don't wish to answer

Other Licenses and certifications, including Driver License and State, if any (List, giving dates and sources of issuance):			
WORK HISTORY (include volunteer experience) Use additional sheets if necessary. As you describe your work history experiences, make sure you highlight your competencies which demonstrate your qualifications for the position for which you are applying.			
Current or Last Employer:		Address:	
Job Title:		Supervisor's Name	Telephone Number: No. Supervised by you:
Date Employed (mo./yr.)	Supervisor's e-mail:		Reason for Leaving May We Contact Employer YES NO
Date Separated (mo./yr.)	List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:		
Full Time Years Months			
Part Time Years Months			
If part time, number of hours worked per week:			
Employer:		Address:	
Job Title:		Supervisor's Name	Telephone Number No. Supervised by you:
Date Employed (mo./yr.)	Supervisor's e-mail		Reason for Leaving
Date Separated (mo./yr.)	List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:		
Full Time Years Months			
Part Time Years Months			
If part time, number of hours worked per week:			
Employer:		Address:	
Job Title:		Supervisor's Name	Telephone Number No. Supervised by you:
Date Employed (mo./yr.)	Supervisor's e-mail		Reason for Leaving
Date Separated (mo./yr.)	List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:		
Full Time Years Months			
Part Time Years Months			
If part time, number of hours worked per week:			
Employer:		Address:	
Job Title:		Supervisor's Name	Telephone Number No. Supervised by you:
Date Employed (mo./yr.)	Supervisor's e-mail		Reason for Leaving
Date Separated (mo./yr.)	List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:		
Full Time Years Months			
Part Time Years Months			
If part time, number of hours worked per week:			
Employer:		Address:	
Job Title:		Supervisor's Name	Telephone Number No. Supervised by you:
Date Employed (mo./yr.)	Supervisor's e-mail		Reason for Leaving
Date Separated (mo./yr.)	List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:		
Full Time Years Months			
Part Time Years Months			
If part time, number of hours worked per week:			

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:

Date: __/__/__

(unsigned applications will not be processed):