# MOORE COUNTY AIRPORT APPLICATION FOR EMPLOYMENT

(Mail) PO DRAWER 5809, PINEHURST, NC 28374 (Location) 7825 AVIATION DRIVE, CARTHAGE, NC 28327

Office: 910.692.3212 Fax: 910.693.4378

**Internet:** [www.moorecountyairport.com](http://www.moorecountyairport.com)

Thank you for your interest in the Moore County Airport. We strive to employ the best qualified individuals available to serve our community. Although everyone who applies cannot be hired, your application, if completed properly and in detail, will be given every consideration. The Moore County Airport is an equal opportunity employer who is committed to equality in admission or access to, or treatment or employment in, its programs and activities and does not discriminate against applicants or employees based upon race, color, national origin, religion, gender, age, political affiliation, or disability.

***Please take the time to re******ad the information and instructions on this page to ensure your application is as complete as possible.***

**Important Application Information**

* **NEW CHANGE**: As of the 1st of September 2009, we will accept your application regardless of whether or not you are applying for an open position. We will keep your application on file for 1-calendar year. During that timeframe, you are responsible for contacting the Human Resources Department and letting a staff member know that we have your application on file and would like it to be considered for a position we are currently recruiting for.
* **NEW CHANGE:** When submitting your application for a position we are not currently advertising for, you still must indicate a specific position you are interested in. Do not use "any open position", or "any position I qualify for". You may indicate, however, that you are interested in a "Clerical or Administrative" type of position (if applicable).
* If you are dropping your application off in person, you must drop it off to a HR staff member. Persons with disabilities should notify the HR staff and request accommodations during the application and selection process, if they need assistance.
* Accepted complete applications and all supplemental materials submitted become the property of the Moore County Airport and cannot be returned or copied.
* If a closing date is included in the job announcement, applications must be received by the HR department **BEFORE** 5:00 p.m. on that closing date. Applications received through the mail must be received in the HR office **PRIOR** to the closeout date, or have their envelopes postmarked **PRIOR TO or EQUAL TO** the closeout date. Applications received after the closing date are **NOT** eligible for consideration.
* Our application is designed to assist the hiring department in evaluating your qualifications. Please read the position advertisement carefully to be sure your background meets the requirements of the position.
* Incomplete applications will not be referred to the hiring departments. Answer all questions and complete all sections of the application form. You must give complete information on the application **(“See Resume”** is not acceptable). List separately each job held and your duties for each position when you worked for one employer and held more than one position. Use the application continuation sheet to provide any additional work experience information if necessary.
* Resumes are welcome as a supplement to the application but will not be accepted in lieu of the application. Make sure you submit any additional documentation listed as required in the job description. Additional paperwork and/or documentation may be required during the interview or during the hiring process.
* Check for accuracy, sign and date your application. Unsigned applications will not be processed.
* In compliance with the Immigration Reform and Control Act of 1986, the Moore County Airport hires only those individuals who are United States citizens or aliens lawfully authorized to work in the United States. All new employees will be required to complete a verification form and provide documentation of employment eligibility and identity (I-9: E-Verify Process).
* All applicants tentatively selected for any position will be required to successfully pass a pre-employment physical and drug screen prior to appointment. A background check will also be conducted before employment based on Moore County's Personnel Policy
* You can submit your completed application to the Moore County Airport:

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| --- | --- | --- |
| **In Person** | **By Mail** | **By Fax** |

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| 7825 Aviation Drive, Carthage, NC 28327 (910)692-3212  Monday - Friday from 8am - 5pm | P.O. Drawer 5809  Pinehurst, NC 28374 | (910)693-4378 |

**County of Moore Equal Opportunity Employer (EOC) Questionnaire**

**PLEASE COMPLETE THIS FORM - IT WILL BE REMOVED PRIOR TO PROCESSING**

In order to comply with United States Government Equal Employment Opportunity requirements, all applicants for employment are requested to complete this form. Data collected will be used for statistical reporting purposes and to measure the effectiveness of our recruitment efforts and selection procedures. This information is requested on a voluntary basis. Refusing to provide the information will not result in any adverse treatment with respect to the employment or selection process. When we process an employment with a completed EOC questionnaire, only the application is forwarded to the hiring authorities for consideration. The EOC questionnaire is removed from the application and retained in the County of Moore Human Resources Department, where it is kept strictly confidential.

The County of Moore is an Equal Opportunity/Affirmative Action Employer. In accordance with applicable laws and regulations, the county does not discriminate on the basis of disability or other prohibited criteria. If you believe you have been treated unfairly or discriminated against on the basis of race, color, national origin, gender, age, religion, political affiliation, or disability, please contact the Human Resources Department at 910-947-6362.

**DISABLED APPLICANTS**: The Human Resources Department may have resources to assist applicants with the application and/or interview process. If special needs are to be considered, please call 910-947-6362.

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| **PLEASE COMPLETE THE INFORMATION REQUESTED BELOW** | | | | | | | | | | | | | | | | | | | | | | | |
| Today's Date (mm/dd/yy) | | | |  | |  | |  |  | | Are you: | | | |  | Female | |  | | | Male | | |
| Applicant Name | | | | |  | | | | | | | | | | | | Date of Birth | | |  | |  |  |
| Are you a veteran of the United States Armed Forces? | | | | | | | | | | | |  | | Yes | | |  | | No | | | | |
| If “Yes” - Branch of Service | | | | | | | |  | | | | Type of Discharge | | | | | | |  | | | | |
| **ETHNIC ORIGIN (CHECK ONE)** | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | White (not of Hispanic origin): All persons with origins in any of the peoples of Europe, North Africa or the Middle East | | | | | | | | | | | | | | | | | | | | |
|  | | | Black (not of Hispanic origin): All persons with origins in any of the black racial groups of Africa. | | | | | | | | | | | | | | | | | | | | |
|  | | | Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race. | | | | | | | | | | | | | | | | | | | | |
|  | | | Asian or Pacific Islander: All persons with origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes for example, China, India, Japan, Korea and Samoa | | | | | | | | | | | | | | | | | | | | |
|  | | | American Indian or Alaskan Native: All persons with origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition. | | | | | | | | | | | | | | | | | | | | |
| **CITIZENSHIP** | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Resident foreign national (Alien who has been admitted for permanent residence, must have Alien Registration Card,  Form 1-151). | | | | | | | | | | | | | | | | | | | | |
|  | | | Non-resident foreign national (Alien admitted temporarily for specific purposes and periods of time) | | | | | | | | | | | | | | | | | | | | |
|  | | | U. S. Citizen | | | | | | | | | | | | | | | | | | | | |
| **WOULD YOU LIKE TO DISCLOSE ANY PHYSICAL OR MENTAL DISABILITY?** | | | | | | | | | | | | | | | | | | | | | | | |
| **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 the block labeled None/or prefer not to answer. The reporting of **a disability is strictly VOLUNTARY**. Persons with disabilities who **DO NOT** **WISH** to report their disabilities should check the block labeled None/or prefer not to answer. Information reported on this form will be kept confidential as required by state law. | | | | | | | | | | | | | | | | | | | | | | | |
| None/or prefer not to answer | | | | | | | Blind or severely visually impaired | | | | | | Deaf or severely hearing impaired | | | | | | | | | | |
| Loss of/limited use of arms and/or hands | | | | | | | Non-ambulatory (must use wheelchair) | | | | | | Respiratory impairment | | | | | | | | | | |
| Nervous system/neurological disorder | | | | | | | Learning disability | | | | | | speech impairment | | | | | | | | | | |
|  | | | Other orthopedic impairment (including amputation, arthritis, back injury, cerebral palsy, spinal bifida, etc.) | | | | | | | | | | | | | | | | | | | | |
|  | | | Other (heart disease, diabetes, migraines, high blood pressure) | | | | | | | | | | | | | | | | | | | | |
|  | | | Other (please specify): | | | | | | | | | | | | | | | | | | | | |
| **HOW DID YOU HEAR ABOUT THE POSITION(S)?** | | | | | | | | | | | | | | | | | | | | | | | |
| To help us ensure our recruitment efforts are targeted to and reaching all segments of our recruitment area and community, please identify how you first learned of this job opening (check only one box). | | | | | | | | | | | | | | | | | | | | | | | |
|  | A Friend or Relative | | | | | | |  | Employment Security Commission | | | | | | | | | | | | | | |
|  | A County of Moore Employee | | | | | | |  | The Pilot Newspaper | | | | | | | | | | | | | | |
|  | Our website (www.moorecountync.gov) | | | | | | |  | Other Internet website: | | | | | | | | | | | | | | |
| Other means (identify): | | | | | | | | | | | | | | | | | | | | | | | |

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| **MOORE COUNTY AIRPORT APPLICATION FOR EMPLOYMENT**  (Mail) PO Box 5809, Pinehurst, NC 28374 (Location) 7825 Aviation Drive, Carthage, NC 28327  Office: 910.692.3212 Fax: 910.693.4378  **Internet:** [www.moorecountyairport.com](http://www.moorecountyairport.com) | | | | | | | | | | | | | | | | | | |
| **Application Date (mm/dd/yy)** |  | | | | | | | | | | | | | | | | | |
| **Positions Applying For:** | | | | | | | | | | | | | | | | | | |
| 1) | | | | | | | | | | | | | | | | | | |
| 2) | | | | | | | | | | | | | | | | | | |
| 3) | | | | | | | | | | | | | | | | | | |
| ***Please initial in the space below (If applicable)***  ***Statement of Applicant Understanding& Agreement -*** I understand that I may be submitting my application for a position that is not currently advertising for  and that they will maintain my application on file for a full calendar year. I further understand that the County will not contact me when they advertise for a vacant position I may be interested in, that it will remain my responsibility to contact the HR Department and request my application be submitted for a position I am interested in when they are advertising for that a vacancy and within the timeframe of that job announcement. | | | | | | | | | | | | | | | | | | |
| ***PRINT CLEARLY AND NEATLY OR TYPE ALL INFORMATION*** | | | | | | | | | | | | | | | | | | |
| **Last Name:** | | | | **First Name:** | | | | | | | | | | | | **Middle Initial:** | | |
|  | | | |  | | | | | | | | | | | |  | | |
| **Mailing Address: City: State: Zip:** | | | | | | | | | | | | | | | | | | |
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| **Best phone# to reach you during the daytime: Email address:** | | | | | | | | | | | | | | | | | | |
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| **EDUCATION** | | | | | | | | | | | | | | | | | | |
| **Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College: 1 2 3 4 Completed Graduate School: Y N** | | | | | | | | | | | | | | | | | | |
| **Name of School & School Address**  **(City & State)** | | **Dates Attended** | | | | | | | | **Type of Degree or Diploma Received** | | | | **Major Subjects Studied** | | | | |
| **From** | | | | | **To** | | |
| **High School** (**Includes GED equivalency)** | | **(High school dates attended from/to blocked out - do not try to answer)** | | | | | | | | **(N/A if not complete)** | | | |  | | | | |
|  | |  |  | |  | | |  | |  | | | | General Studies | | | | |
| **Colleges or Universities** | | **Mo** | **Yr** | | **Mo** | | | **Yr** | | **(N/A if not complete)** | | | |  | | | | |
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| **Technical, Vocational, or Military Training** | | **Mo** | **Yr** | | **Mo** | | | **Yr** | | **(N/A if not complete)** | | | |  | | | | |
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| **TRAINING, LICENSES AND SPECIAL SKILLS** | | | | | | | | | | | | | | | | | | |
| **Professional Licenses -** Current professional status: (list fields of work for which you have been registered or certified in) | | | | | | | | | | | | | | | | | | |
| Registration/Certification: State: No.  Registration/Certification: State: No. | | | | | | | | | | | | | | | | | | |
| **General Skills -** Check the following skills, experiences, etc., which you have: | | | | | | | | | | | | | | | | | | |
| Driver’s License \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Foreign Language (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Number State  CDEL (A, B, or C?) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Legal/Medical Transcription (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Typing (specify WPM) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Shorthand/Speedwriting (specify WPM) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Vehicle for use at work: ☐Yes ☐No Sign Language: ☐Yes ☐ No Braille: ☐ Yes ☐ No | | | | | | | | | | | | | | | | | | |
| **Specialized Skills -** List in the appropriate blanks below the specialized skills you are proficient in or have received training in: | | | | | | | | | | | | | | | | | | |
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| **Other Skills -** Describe any job-related skills, knowledge, special training, or licenses you have that you have not listed above: | | | | | | | | | | | | | | | | | | |
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| **MILITARY SERVICE** | | | | | | | | | | | | | | | | | | |
| Federal law requires males age 18 through 25 to register with the Federal government to comply with the Military Selective Service Act. North Carolina GS 143B-421.1 prohibits local governments from employing any males who have not complied with the federal Selective Service Registration regulations. If this requirement pertains to you, have you complied with the Federal law? (Check the appropriate box to the right). | | | | | | | | | | | | | | | | | **Yes** | **No** |
|  |  |
| 1) Have you ever served in the U. S. Armed Services? | | | | | | | | | | | | | | | | |  |  |
| 2) Are you a member of the U. S. Military Reserves? | | | | | | | | | | | | | | | | |  |  |
| 3) If yes to questions 1 or 2, which branch of service did you serve in? | | | | | | | | | | | | 4) What were your dates of service? | | | | | | |
| 5) What was your rank upon your separation/discharge/retirement? | | | | | | | | | | | | 6) What type of discharge/separation? | | | | | | |
| **PLEASE ANSWER THE FOLLOWING QUESTIONS:** | | | | | | | | | | | | | | | | | | |
| Were you ever discharged or forced to resign from employment due to misconduct or unsatisfactory services? If yes, explain in the “comments” section below. Prior discharges or forced resignations will not necessarily disqualify you from employment. | | | | | | | | | | | | | | | | | **Yes** | **No** |
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| **Comments:** | | | | | | | | | | | | | | | | | | |

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| **WORK EXPERIENCE** | | | | | | | | | | | | |
| Beginning with your current or most recent position, list all time periods of employment, unemployment, or volunteer experience over the past 10 years showing changes in title or promotions separately. Attach additional sheets if needed. Please fill out all the information requested on this form. "See Resume" is not acceptable. Incomplete information will result in the disqualification of your application. | | | | | | | | | | | | |
| **From** | | | **To** | | | **Name of Employer** | | | **Current or Last Position Title** | | | **#Employees Supervised** |
| **Mo** | | **Yr** | **Mo** | | **Yr** |
|  | |  |  | |  |  | | |  | | |  |
| **Prior Employment Status** | | | | | | **Address** | | | **City** | **State** | | **Zip** |
|  | **Full Time** | |  | **Part Time** | |  | | |  |  | |  |
| **Starting Salary** | | | | | |  | **Current or Most Recent Supervisor Name** |  | **May We Contact Employer?** | | **Phone** | |
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| **Ending/Current Salary** | | | | | | **Reason for Leaving** | | | | | | |
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| **List major duties in order of their importance in the job:** | | | | | | | | | | | | |
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| **From** | | | **To** | | | **Name of Employer** | | | **Current or Last Position Title** | | | **#Employees Supervised** |
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| **Prior Employment Status** | | | | | | **Address** | | | **City** | **State** | | **Zip** |
|  | **Full Time** | |  | **Part Time** | |  | | |  |  | |  |
| **Starting Salary** | | | | | | **Most Recent Supervisor Name** | | | **May We Contact Employer?** | | **Phone** | |
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| **Ending/Current Salary** | | | | | | **Reason for Leaving** | | | | | | |
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| **List major duties in order of their importance in the job:** | | | | | | | | | | | | |
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| **From** | | | **To** | | | **Name of Employer** | | | **Current or Last Position Title** | | | **#Employees Supervised** |
| **Mo** | | **Yr** | **Mo** | | **Yr** |
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| **Prior Employment Status** | | | | | | **Address** | | | **City** | **State** | | **Zip** |
|  | **Full Time** | |  | **Part Time** | |  | | |  |  | |  |
| **Starting Salary** | | | | | | **Most Recent Supervisor Name** | | | **May We Contact Employer?** | | **Phone** | |
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| **Ending/Current Salary** | | | | | | **Reason for Leaving** | | | | | | |
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| **List major duties in order of their importance in the job:** | | | | | | | | | | | | |
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| **WORK EXPERIENCE** | | | | | | | | | | | | |
| Beginning with your current or most recent position, list all time periods of employment, unemployment, or volunteer experience over the past 10 years showing changes in title or promotions separately. Attach additional sheets if needed. Please fill out all the information requested on this form. "See Resume" is not acceptable. Incomplete information will result in the disqualification of your application. | | | | | | | | | | | | |
| **From** | | | **To** | | | **Name of Employer** | | | **Current or Last Position Title** | | | **#Employees Supervised** |
| **Mo** | | **Yr** | **Mo** | | **Yr** |
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| **Prior Employment Status** | | | | | | **Address** | | | **City** | **State** | | **Zip** |
|  | **Full Time** | |  | **Part Time** | |  | | |  |  | |  |
| **Starting Salary** | | | | | |  | **Current or Most Recent Supervisor Name** |  | **May We Contact Employer?** | | **Phone** | |
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| **Ending/Current Salary** | | | | | | **Reason for Leaving** | | | | | | |
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| **List major duties in order of their importance in the job:** | | | | | | | | | | | | |
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| **From** | | | **To** | | | **Name of Employer** | | | **Current or Last Position Title** | | | **#Employees Supervised** |
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| **Prior Employment Status** | | | | | | **Address** | | | **City** | **State** | | **Zip** |
|  | **Full Time** | |  | **Part Time** | |  | | |  |  | |  |
| **Starting Salary** | | | | | | **Most Recent Supervisor Name** | | | **May We Contact Employer?** | | **Phone** | |
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| **Ending/Current Salary** | | | | | | **Reason for Leaving** | | | | | | |
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| **List major duties in order of their importance in the job:** | | | | | | | | | | | | |
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| **From** | | | **To** | | | **Name of Employer** | | | **Current or Last Position Title** | | | **#Employees Supervised** |
| **Mo** | | **Yr** | **Mo** | | **Yr** |
|  | |  |  | |  |  | | |  | | |  |
| **Prior Employment Status** | | | | | | **Address** | | | **City** | **State** | | **Zip** |
|  | **Full Time** | |  | **Part Time** | |  | | |  |  | |  |
| **Starting Salary** | | | | | | **Most Recent Supervisor Name** | | | **May We Contact Employer?** | | **Phone** | |
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| **Ending/Current Salary** | | | | | | **Reason for Leaving** | | | | | | |
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| **List major duties in order of their importance in the job:** | | | | | | | | | | | | |
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| Are you now, or have you ever been, employed by the County of Moore? If YES, identify most recent employment dates, job title, department assigned, and/or reason for leaving in the “comments” section below. | | **Yes** | **No** |
|  |  |
| Are you related by blood or marriage to any person now working for the County of Moore? If YES, provide their name, relationship to you, and they department where they work in the "comments" section below. | | **Yes** | **No** |
|  |  |
| **Comments (for any YES answer from above, give number and explain)**: | | | |
|  | | | |
| **APPLICANT CERTIFICATION AND AUTHORIZATION** | | | |
| I certify that the information on this application truly represents my background and experience. I understand that failure to give accurate information, falsification, or misrepresentation may prevent my being hired, and if discovered after hiring, may be grounds for disciplinary action, immediate dismissal, and/or criminal action. (Authority: G.S. 126-30, G.S. 14-122.1).  I authorize investigation of all information given in this application. This includes, but may not be limited to:  -- Driver’s record check, if necessary for the job -- Criminal background check -- Educational institutions  -- Reference checks from current and previous employers and/or supervisors -- Registration and licensing boards  -- Any other information submitted on or attached to this application  I also authorize all educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications.  I further understand that the County of Moore is a drug free workplace and I agree to submit to pre-employment drug testing and physical examination. I am also aware that a background check will be conducted before employment based on Moore County's Personnel Policy. I also understand that as a condition of employment, I will be required to furnish documentation verifying my identity and eligibility to work in the United States.  I am aware that the County of Moore is an equal opportunity employer who is committed to equality in admission or access to, or treatment or employment in, its programs and activities and does not discriminate against applicants or employees based upon race, color, national origin, religion, gender, age, political affiliation, or disability. | | | |
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| **Applicant Signature**  **\*\*\*Unsigned applications will not be processed\*\*\*** | **Signature Date** | | |

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| **REFERENCES** | | | |
| List three persons who are NOT related to you and who are familiar with your qualifications for employment. Do not repeat names of  Supervisors listed under your work experience. | | | |
| **Reference #1 Name** | **Occupation** | | **Phone** |
|  |  | |  |
| **Mailing Address City State Zip** | | | |
|  |  |  |  |
| **Reference #2 Name** | **Occupation** | | **Phone** |
|  |  | |  |
| **Mailing Address City State Zip** | | | |
|  |  |  |  |
| **Reference #3 Name** | **Occupation** | | **Phone** |
|  |  | |  |
| **Mailing Address City State Zip** | | | |
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| **CHECK ALL OF THE TYPES OF WORK YOU WILL ACCEPT:** | | | |
| 1. Full-time 2. Part-time 3. Temporary 4. Any of the preceding | | | |
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