



Asheville Academy for Growth is an Equal Opportunity Educational Institution and EEO/Affirmative Action Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

PLEASE TYPE OR PRINT. Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume.")

Position Applying For:	Name (Last, First, Middle):		Other names under which you have attended school or been employed:	
Street Address:		City, State & Zip:		
Social Security Number:	Date of Birth:	Cell Phone:	Other Phone(Work/Home):	
Are you eligible to work in the United States?	Yes	No	Email:	
Are you 18 years of age or older?	Yes	No	If NO, what is your current age?	
Are you currently employed at Asheville Academy Growth?	Yes	No	If YES, what is your current job title & department?	
Have you ever been employed by Asheville Academy for Growth?	Yes	No	If YES, dates of employment & reason for leaving:	
Are you related to any current Asheville Academy for Growth?	Yes	No	If YES, their name & their relationship to you?	
If required for position, do you have a valid driver's license?	Yes	No	If YES, State of issuance, license #, and expiration date:	
How did you learn about this employment opportunity? Check all that apply:			<input type="checkbox"/>	Craigslist
<input type="checkbox"/> Job Bulletin (Posting) /Walk-in	<input type="checkbox"/> Website _____		<input type="checkbox"/>	Dept. of Labor
<input type="checkbox"/> Referral by employee _____	<input type="checkbox"/> Other _____			

SKILLS: Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert)

EDUCATION

Name of School	City/State	Did you graduate?	If No, # of years left to graduate	If Yes, date of Graduation	Degree received	Major
High School:		Yes No				
GED:		Yes No				
Other School:		Yes No				
College:		Yes No				
Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying.						

Miscellaneous Information:

Will you be able to in a reasonable manner complete all essential job functions of the job for which you are applying? If no, are there accommodations that would enable you to perform the job function(s)? Please describe accommodation(s).

Yes No _____

Have you ever been convicted of any criminal violation(s) or currently under investigation or charges of violation of criminal law? Do not include arrests that did not result in conviction or convictions that have been judicially dismissed or expunged.

Yes No

Please list what these might be: _____

WORK EXPERIENCE-Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. **PLEASE DO NOT** complete this information with the notation "See Resume." **PLEASE NOTE: Asheville Academy for Growth** reserves the right to contact all current and former employers for reference and to run a Criminal and Credit Background Check.

Dates Employed (most recent position) From: To	Full time Part-time If part-time, # hrs./wk:	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: At any time Only if I am a finalist candidate
Primary duties:		Reason for Leaving:

Dates Employed (most recent position) From: To	Full time Part-time If part-time, # hrs./wk:	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: At any time Only if I am a finalist candidate
Primary duties:		Reason for Leaving:

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

(initial)_____I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize **Asheville Academy for Growth** to investigate, without liability, all statements contained in this application and supporting materials.

(initial)_____I authorize references and former employers, without liability, to make full responses to any inquiries in connection with this application for employment.

(initial)_____I understand that as a condition of employment I may be asked to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment.

(initial)_____I understand that this is a smoke-free campus, and smoking on the premises or while performing my job is prohibited.

(initial)_____I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment.

(initial)_____I understand that staff employees of Asheville Academy for Girls serve at-will, and the employment relationship may be terminated at any time by either party, for any or no reason, other than a reason prohibited by law.

(initial)_____If employed, I will be required to furnish proof of eligibility to work in the United States and to comply with state, federal and company regulations.

(initial)_____I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off. If employed on a regular, benefits-eligible basis, I understand that I would be required to make mandatory contributions to the Asheville Academy for Growth benefits plan, if I chose to elect the plan. I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice.

Applicant Signature: _____ **Date:** _____

**WOLFE REALITY CHECK CONSUMER REPORT and
INVESTIGATIVE CONSUMER REPORT DISCLOSURE
(FOR EMPLOYMENT PURPOSES)**

In connection with your employment or application for employment (including contract for services) and continued employment with us and in accordance with applicable laws, a consumer reprinting agency ("Agency") may obtain or assemble consumer reports and/or investigative consumer reports (collectively, "Reports") which may include information about you related to previous employment (including employers, dates of employment, salary information, reasons for termination, etc.), accident history, academic history, verification of references and other information supplied by applicant, professional credentials, drug/alcohol use in violation of law and/or company policy, driving record, workers' compensation claims, criminal history records, information about your character, general reputation, personal characteristics and mode of living (collectively, "Information"). Information may be obtained from government agencies, educational institutions, Agency clients, personal references, personal interviews and other information suppliers (collectively, "Suppliers"), and any report of an interview between the Agency and you.

PART I - AUTHORIZATION FOR RELEASE OF INFORMATION (FOR EMPLOYMENT PURPOSES)

I hereby authorize Agency to receive information and disclose such information to its customers for the purpose of making a determination as to my eligibility for employment, promotion, retention or other lawful purpose. If hired or contracted, I authorize Agency and to retain this document on file to act as ongoing authorization for the procurement and possession of Reports at any time during my employment or contract period. I fully release Agency and Suppliers from all claims of damages related to the investigation of my background and provision of information as set forth in this disclosure and authorization. I agree that information in Agency's possession may be supplied by Agency for legally permissible purposes; provided, such information will not include the Drug and Alcohol information set forth above, unless I have given a separate specific consent for Agency to share such information.

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this disclosure and authorization for release; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; (vi) I authorize Agency and any person or entity contacted by Agency to furnish the above mentioned information; and (vii) facsimile or photographic copies of this authorization are as valid as the original

I understand that if I do not consent, any offer of my employment or contract will be withdrawn. If hired failure to cooperate with you or Agency regarding a current or future report will be cause to terminate my employment or contract,

Date of Birth: _____ Social Security#: _____

LEGAL Printed Name: _____ Applicant Signature: _____

Address: _____

Driver's License & State: _____

Today's Date: _____

**AUTHORITY FOR RELEASE OF INFORMATION
National Record Check**

I authorize the North Carolina Department of Public Safety through THE STATE BUREAU OF INVESTIGATION, Special Operations Division to perform a fingerprint search of the State's criminal history record file and a fingerprint search of the FEDERAL BUREAU OF INVESTIGATION'S files for a national criminal history record check in connection with my application for employment, or my employment with ASHEVILLE ACADEMY FOR GROWTH pursuant to DHHS LONG TERM - STATE AND FED - NCGS 122C-80B/131D-40AA1/131D-40A A1.

(Print or Type Legibly or will be returned)

Last Name	First	Middle	Maiden
Social Security Number (Optional*)		Sex	Race
_____	_____	_____	_____

I understand that the North Carolina State Bureau of Investigation, Special Operations Division, and its officials and employees shall not be held legally accountable in any way for providing this information to the above-named Health Care Provider, and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information. I further understand that the Health Care Provider cannot provide a HARD COPY of the results of this criminal history record check to me.

*Disclosure of social security number is entirely voluntary and not required. If disclosed, the social security number will be utilized to assist with accurate identification/exclusion of possible criminal history records.

Applicant's/Employee's Signature

Date

The fingerprint card must be accompanied with a transmittal letter from the Authorized Official or individual requesting Criminal History Record Information. This Authority for Release form must be kept on file for one year. The request must be mailed to:

State Bureau of Investigation
Attn: Criminal Information and Identification Section/Applicant Unit Post
Office Box 29500
Raleigh, North Carolina 27626-0500

ORI # HCPOTH516 - ASHEVILLE ACADEMY FOR GROWTH

