



The Enola Group
Adult Services

Application for Contractual AFL Provider

PO Box 250 Morganton, NC 28680-0250

(828) 604-4906

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, martial or veteran status, the presence of non-job-related medical condition or handicap, or any other legally protected status.

PLEASE PRINT OR TYPE

Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number			
Home:	Cell:	Other:	

Are you 18 years of age or older? Yes No

Have you ever filed an application with us before? Yes No
If Yes, give date _____

Have you ever been employed with us before? Yes No
If Yes, give date _____

Are you related to anyone currently employed at The Enola Group? Yes No
If yes, who and your relationship _____

Are you currently employed? Yes No

May we contact your present employer? Yes No
The Enola Group contacts both personal and work references. If you do not want us to contact your Present or former employer, please contact Human Resources for assistance. You may not need to complete the remainder of this application.

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
The Enola Group participates in the E-Verify Program.

On what date will you be available? _____

Can you travel if a job requires it? Yes No

Have you been convicted of a felony or do you have prior employment history of child or adult abuse, neglect or mistreatment? Yes No
If Yes, please explain _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

High School					Undergraduate College/University					Graduate/ Professional				
School Name and Location					School Name and Location					School Name and Location				
Years Completed	9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>	Years Completed	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	Years Completed	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Diploma/Degree <input type="checkbox"/> YES <input type="checkbox"/> NO					Diploma/Degree <input type="checkbox"/> YES <input type="checkbox"/> NO					Diploma/Degree <input type="checkbox"/> YES <input type="checkbox"/> NO				
MM/YY Graduated:					MM/YY Graduated: Major:					MM/YY Graduated: Major field:				
Describe any specialized training, apprenticeship, skills and extra-curricular activities					Describe any specialized training, apprenticeship, skills and extra-curricular activities					Describe any specialized training, apprenticeship, skills and extra-curricular activities				
Describe any honors you may have received					Describe any honors you may have received					Describe any honors you may have received				
State any additional information you feel may be helpful to us in considering your application					State any additional information you feel may be helpful to us in considering your application					State any additional information you feel may be helpful to us in considering your application				

List professional, trade, business or civic activities and offices held.

You may exclude memberships, which would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status:

Personal References

Give name, address and telephone number of three references that are not related to you and are not previous employers.

1. _____
2. _____
3. _____

Have you ever had any job-related training in the United States military?

Yes No

If Yes, please describe: _____

Are you physically able to perform the duties of the job for which you are applying?

Yes No

Explain: _____

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer		Dates Employed		Work Performed
Address		FROM	TO	
Telephone Number		Hourly Rate/Salary		
Job Title	Supervisor	Beginning	Ending	
Reason for Leaving				
Employer		Dates Employed		Work Performed
Address		FROM	TO	
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Beginning	Ending	
Reason for Leaving				
Employer		Dates Employed		Work Performed
Address		FROM	TO	
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Beginning	Ending	
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment and other experience:

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for AFL contract as may be necessary in arriving at a contract decision.

This application for AFL contract shall be considered active for a period of time not to exceed 30 days. Any applicant wishing to be considered for AFL contract beyond this time period should inquire as to whether or not applications are being accepted at that time.

In the event of contract, I understand that false or misleading information given in my application of interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

I hereby grant permission for the information listed below to be released to The Enola Group:

Name of Company: _____

Contact Person: _____ Phone: _____

Employment dates: _____ Job classification: _____

Recommend for employment? _____ Would you re-employ? _____

Additional Comments:

Name of Company: _____

Contact Person: _____ Phone: _____

Employment dates: _____ Job classification: _____

Recommend for employment? _____ Would you re-employ? _____

Additional Comments:

Name of Company: _____

Contact Person: _____ Phone: _____

Employment dates: _____ Job classification: _____

Recommend for employment? _____ Would you re-employ? _____

Additional Comments:

Applicant Signature

Date

**ADDITIONAL INFORMATION NEEDED
AS A POTENTIAL AFL PROVIDER**

How many individuals are living in your household? _____

Names of Individuals in Household	Sex/Gender	Date of Birth MM/DD/YY

Do you have any pets in your home? Yes No
If yes, describe:

Number of bedrooms: _____

Number of bathrooms: _____

Is the home more than one-story? Yes No

Do you or any individual living in your home smoke? Yes No

If yes, do you smoke in the home? Yes No

Please provide directions to your home from The Enola Group Administrative office.

Please provide a copy of your floor plan before your scheduled interview.