



UNC Faculty-Staff Recreation Association  
#1 Alice Ingram Circle  
Chapel Hill, NC 27517  
CB #2900  
919-962-3276 (FAX) 919-962-6854  
[www.uncfarm.org](http://www.uncfarm.org)

## EMPLOYMENT APPLICATION

*This application must be completed in full.*

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Numbers : Home \_\_\_\_\_ Cell \_\_\_\_\_

Social Security Number \_\_\_\_\_

Position(s) Applying for \_\_\_\_\_

Date available to start \_\_\_\_\_

Days available to work \_\_\_\_\_

Hours available to work \_\_\_\_\_

Date you plan to end employment \_\_\_\_\_

Reasons for wanting to work at the Farm? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Education Circle highest grade completed: 9 10 11 12 GED College: 1 2 3 4 5

Name of school \_\_\_\_\_

Are you currently CPR certified? \_\_\_\_ Are you currently Lifeguard Training certified? \_\_\_\_

CPR is required for all FSRA positions. Do you have interest in Lifeguard Training? \_\_\_\_

Are you aware of anything that would disqualify or prevent you from completing the responsibilities of the position for which you are applying? (i.e., health problems, criminal conviction, sex-related or child abuse-related offenses, drug or alcohol addiction) Y/N \_\_\_\_  
Please explain: \_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT RECORD (Starting with most recent job)**

**Company Name:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_  
**Supervisor:** \_\_\_\_\_ **Phone # ( )** \_\_\_\_\_  
**Duties** \_\_\_\_\_  
**Employed From:** \_\_\_\_\_ **to** \_\_\_\_\_  
**Reason for leaving** \_\_\_\_\_

**Company Name:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_  
**Supervisor:** \_\_\_\_\_ **Phone # ( )** \_\_\_\_\_  
**Duties** \_\_\_\_\_  
**Employed From:** \_\_\_\_\_ **to** \_\_\_\_\_  
**Reason for leaving** \_\_\_\_\_

**REFERENCES**

NAME	PHONE #	YEARS KNOWN
1. _____		
2. _____		
3. _____		

**In case of emergency please notify:**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. I authorize the UNC Faculty-Staff Recreation Association to contact any of my previous employers as well as any listed references to verify the facts and information I have furnished regarding my qualifications and character. I understand that false information or failure to disclose relevant information may be grounds for rejection of my application or grounds for my dismissal If I am employed. I understand that a background check may be performed.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_