



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

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** _____

