



# Regional Consolidated Services

109 N. Main Street, Randleman NC 27317 PO

Box: 487 Randleman, NC 27317

(336)629-5141

**PLEASE PRINT**

*\*Application must be complete. RCS will not accept a resume in place of information requested on this form. Resumes are accepted as a supplement to the application.*

P E R S O N A L  I N F O R M A T I O N	Position Applying For →	Date of Application ↓				
	<table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">Last Name</td> <td style="width: 33%;">First</td> <td style="width: 33%;">Middle</td> </tr> </table>	Last Name	First	Middle	Social Security Number ↓ (Last 4 digits)	
	Last Name	First	Middle			
	Mailing address	Home Telephone Number ↓				
	<table border="0" style="width: 100%;"> <tr> <td style="width: 25%;">City</td> <td style="width: 25%;">State</td> <td style="width: 25%;">Zip</td> <td style="width: 25%;">County</td> </tr> </table>	City	State	Zip	County	Best time to contact you ↓
	City	State	Zip	County		
	<input type="checkbox"/> Full time <input type="checkbox"/> Part time   Which do you prefer <input type="checkbox"/> Yes <input type="checkbox"/> No   Do you have relatives who work for RCS <i>If yes, who:</i> _____	Alternate Phone Number ↓				
	<input type="checkbox"/> Yes <input type="checkbox"/> No   Have you ever worked for RCS? <i>If yes, when:</i> _____	Date available for work ↓				
	<input type="checkbox"/> Yes <input type="checkbox"/> No   Do you have the legal right to work and remain in the United States? <i>Proof of citizenship or immigration status required if employed.</i>	Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify nature of offense _____ When _____ Where _____ Disposition _____ _____ _____ <i>A conviction record will not necessarily be a bar to employment. This information will be used only for job-related purposes and only to the extent permitted by applicable law.</i>				
	<input type="checkbox"/> Yes <input type="checkbox"/> No   Can you travel if the job requires it?					
<input type="checkbox"/> Yes <input type="checkbox"/> No   Do you have a car available to get to work and to use on the job?						
<input type="checkbox"/> Yes <input type="checkbox"/> No   Are you willing to accept other than traditional working hours or alter your hours if necessary?						
<input type="checkbox"/> Yes <input type="checkbox"/> No   As of now, have you lived in North Carolina for <u>less than five consecutive</u> (in a row) years?						
<input type="checkbox"/> Yes <input type="checkbox"/> No   Is there anything that would prevent you from performing in a reasonable and safe manner the activities involved in the position for which you have applied? If yes, explain below: _____ _____						

*, RCS considers all applicants for employment without regard to race, color, religion, sex, national origin, age, disability, or status as a Vietnam-era or special disabled veteran in accordance with federal laws. RCS complies with applicable state and local laws prohibiting discrimination in employment. We provide reasonable accommodation to individuals with a disability in accordance with applicable laws.*

# EDUCATION

SCHOOL	NAME AND ADDRESS OF SCHOOL	Course of study	Number of years completed	Did you graduate? Yes or No	Specify diploma, certificate, degree received
High School					
Undergraduate College					
Graduate/ Professional					
Other (specify)					
Other (specify)					

**MILITARY SERVICE RECORD:** Have you ever served in the U.S. Armed Forces?  Yes  No

List duties in the Service, including special training, that is relevant to the position for which you have applied.

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**WORK 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, disabilities or other protected status. If more space is needed, use a continuation sheet.

Employer/Company	Dates Employed		WORK PERFORMED: Describe fully the work you performed for this employer.
	From	To	
Phone			
Address	Hourly Pay Rate		
	Starting	Ending	
Job Title			
Supervisor	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for Leaving:			

Employer/Company	<b>Dates Employed</b>		WORK PERFORMED: Describe fully the work you performed for this employer.
	<b>From</b>	<b>To</b>	
Phone			
Address	<b>Hourly Pay Rate</b>		
	<b>Starting</b>	<b>Ending</b>	
Job Title			
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Job Title			
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Phone			
Address	<b>Hourly Pay Rate</b>		
	<b>Starting</b>	<b>Ending</b>	
Job Title			
Supervisor	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Reason for Leaving:

**Comments: Include explanation of any gaps in employment.** \_\_\_\_\_

**Skills and Abilities:** For example, computer use, computer programs you can operate, typing ability, other office equipment, and other experiences or abilities that you feel especially qualify you for work with our company.

***Personal References, excluding relatives. In listing references, list persons who have knowledge of your qualifications for the position(s) for which you are applying, such as former coworkers, teachers, etc. Do not repeat names of supervisors you will list under Work Experience.***

<b>NAME</b>	<b>PHONE NUMBER With area code</b>	<b>OCCUPATION and your relationship with this person (friend, coworker, teacher)</b>	<b>BEST TIME TO CALL</b>

**Pre-employment statement (read carefully before signing below). I understand and voluntarily agree that:**

1. The information I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification for refusal of employment, or if employed, termination from RCS employ.
2. Any offer of employment I may receive from RCS is contingent upon my successful completion of the total pre-employment screening process including RCS's receipt of references that it considers satisfactory, and my satisfactory completion of any post-job offer pre-employment physical examination required.
3. I understand that as condition of employment, I may be required to undergo and successfully pass a screening for alcohol and/or drugs. I also understand and agree that, if employed, I may be required to submit to an alcohol or drug screening at any time at the discretion of RCS.
4. In processing my application for employment RCS may verify all information provided by me concerning, among other things, my prior employment or military record, education, character, general reputation, personal characteristics, criminal record, and mode of living.
5. I authorize and request that all of my present and former employers and those individuals I have listed as personal references furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information.
6. In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of RCS and understand that my employment and compensation can be terminated with or without cause or notice, at any time, at the option of either RCS or me. No person, other than the RCS executive director, has the authority to enter into any agreement with me for employment for any specified period of time or to make any agreement different from or contrary to RCS policy. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and the executive director of RCS.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_



*\*This information will in no way affect you as an applicant. Its sole use will be to see how well our recruitment efforts are reaching all segments of the population.*

**Date of Birth** \_\_\_\_\_  
Month Day Year

**Sex** \_\_\_\_\_ **Male**  
\_\_\_\_\_ **Female**

- Race** \_\_\_\_\_ Hispanic or Latino defined as a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- \_\_\_\_\_ White defined as a person having origins in any of the original peoples of Europe, the Middle East, or North Africa
- \_\_\_\_\_ Black or African American defined as a person having origins in any of the black racial groups of Africa
- \_\_\_\_\_ Native Hawaiian or Other Pacific Islander defined as a person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- \_\_\_\_\_ Asian defined as a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
- \_\_\_\_\_ American Indian or Alaska Native defined as a person having origins in any of the original peoples of South America (including Central America), and who maintain tribal affiliation or community attachment
- \_\_\_\_\_ Two or more races defined as all persons who identify with more than one of the above five races

**DISABILITY STATUS The reporting of a disability is strictly voluntary.**

**A disability is any impairment that substantially limits one or more major life activities. A disabled person is one who (1) actually has such an impairment, (2) has a record of such impairment, or (3) is regarded as having such an impairment.**

**Item A Non-disabled persons should check None in Item A.**

**Disabled persons who do not wish to report their disabilities should check Prefer not to report or Prefer not to comment in Item A.**

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**Item A:** \_\_\_\_\_ None \_\_\_\_\_ Prefer not to report \_\_\_\_\_ Prefer not to comment

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**Item B Disabled persons who wish to report their disability should check one or more choices in Item B.**

- \_\_\_\_\_ Blind or severely visually impaired
- \_\_\_\_\_ Deaf or severely hearing impaired
- \_\_\_\_\_ Loss or limited use of arms and/or hands
- \_\_\_\_\_ Non-ambulatory (must use a wheelchair)
- \_\_\_\_\_ Other orthopedic impairment (i.e., amputation, arthritis, back injury, cerebral palsy, spina bifida, etc.)
- \_\_\_\_\_ Respiratory impairment
- \_\_\_\_\_ Nervous system/neurological disorder
- \_\_\_\_\_ Mentally restored
- \_\_\_\_\_ Mental retardation
- \_\_\_\_\_ Learning disability
- \_\_\_\_\_ Other (heart disease, diabetes, speech impairment)
- \_\_\_\_\_ Other (please specify) \_\_\_\_\_

*\*Information reported on this form will be maintained only in personnel files that must be kept confidential under State Law. Public disclosure of this information without your consent would be a violation of G.S. 126-27.*