



# The Enola Group

## Application for Employment

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, military 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 for work? \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Temporary

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 \_\_\_\_\_.

TEG is an Equal Opportunity Employer. TEG's definition of equal opportunity continues to evolve with the Equal Employment Opportunity Commission (EEOC).

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				
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 and contact information 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
		FROM	TO	
Supervisor Name:		Hourly Rate or Monthly Salary		
		Beginning	Ending	
Job Title	Reason for Leaving			
Employer		Dates Employed		Work Performed
		FROM	TO	
Supervisor Name:		Hourly Rate or Monthly Salary		
		Beginning	Ending	
Job Title	Reason for Leaving			
Employer		Dates Employed		Work Performed
		FROM	TO	
Supervisor Name:		Hourly Rate or Monthly Salary		
		Beginning	Ending	
Job Title	Reason for Leaving			

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

## Special Skills and Qualifications

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

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 employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 30 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with The Enola Group is of an "at will" nature. That means that if I am selected for employment, I may resign at any time, for any reason, with or without advance notice. It also means that The Enola Group may terminate my employment at any time, with or without cause and without advance notice. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing. In the event of employment, 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