



# The Enola Group

## Application for Contractual AFL Provider

PO Box 250 Morganton, NC 28680-0250

(828) 437-6095

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital 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 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				
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:*

**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 requested information listed below to be release to The Enola Group.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Employment dates: \_\_\_\_\_

Job classification: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Was notice given? \_\_\_\_\_

Recommend for employment? \_\_\_\_\_

Would you re-employ? \_\_\_\_\_

	Superior	Good	Average	Poor	No Opinion
Attendance Record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude Toward Co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acceptance of Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability/Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:


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

How many individuals are in your household? \_\_\_\_\_

<b>Names of Individuals in Household</b>	<b>Sex</b>	<b>Date of Birth</b>

Do you have any pets in your home? Yes      No

If yes, describe:

\_\_\_\_\_

Number of bedrooms: \_\_\_\_\_

Number of bathrooms: \_\_\_\_\_

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.**