Robert & Janice McNair Educational Foundation

Application for Employment

P.O. Box 635, Forest City, NC 28043 / 331 East High Road, Bostic, NC 28018

All references in this application to "Foundation" are to Robert and Janice McNair Educational Foundation. The Foundation is an equal opportunity employer and does not consider race, religion, color, sex, age, national origin, disability, veteran status, genetic information or any other characteristic protected by federal, state or local laws in employment decisions and extends equal access to employment services and programs to all persons. Such discrimination is unlawful and will not be tolerated by the Foundation. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources department.

ıma	an Resources department. First Name			Last Name		MI		
ı								
	Have you ever attended school or worked under a former/maiden/alias name? [] Yes [] No If yes, please list names here:							
	Current Street Address		Apt. #	Home Phone Number	,			
L	City State Email Address:		Zip			() [] Check if preferred contact		
	Have you ever been empl If yes, when and where w		tion or affiliate(s)?	Coolai Geounty	Trumbol	[]Yes []No		
	Do you have any relatives If yes, please indicate the	[]Yes []No						
	Are you legally eligible to	work in the United S	tates? (Proof of citizenship of	r immigration statu	us will be required upon hire)	[]Yes []No		
	Are you 18 years of age of	or older?				[]Yes []No		
	urpitude (including a plea to a lesser included offense, a plea of nolo contendere or no contest; or an acceptance of a diversionary program, deferred adjudication, disposition of supervision, or similar arrangement)? Records that have been expunged are not responsive to this question and need not be disclosed. [] Yes [] No If yes, please provide the offense, the date of the offense and explain:							
	Have you ever been convicted of, received deferred adjudication for, or entered a plea of guilty to, a crime of physical violence or a sexual-related offense? Records that have been expunged are not responsive to this question and need not be disclosed. [] Yes [] No If yes, please provide the offense, the date of the offense and explain:							
	Have you ever been convicted of, received deferred adjudication for, or entered a plea of guilty to, a DUI (driving while under the influence) or DWI (driving while intoxicated)? Records that have been expunged are not responsive to this question and need not be disclosed. [] Yes [] No If yes, please provide the offense, the date of the offense and explain:							
	(An affirmative response to either of the preceding three series of questions related to criminal offenses may not exclude you from employment. However, it is imperative that you answer truthfully and provide as much detail in your explanation as you desire the Foundation to consider in its individualized assessment of your offense and its applicability to the position for which you are applying. The Foundation will review any affirmative response, the circumstances surrounding the affirmative response based on the information you provide and desire the Foundation to consider in its individualized assessment, the job duties required for the position and the date of the offense relating to the affirmative response in making a hiring decision which is job-related and consistent with business necessity.)							
	How did you hear about the							
	TYPE OF SCHOOL NAME/LOCATION GRADUATE? DIPLOMA/DEGREE MAJOR/COURSES							
H		gh School	AWE/LOCATION	GRADUATE?	DIPLOWA/DEGREE	WAJUR/COURSES		
SKIIIS	[] Check if currently	attending						
	Trade School or Junio [] Check if currently	attending						
	College or U	attending						
	College or U	attending						
	Graduat [] Check if currently	te School attending						
	In what foreign languages are you able to speak, read and/or write? (Indicate level of proficiency.)							

EMPLOYER 1	Date	s Employed	Duties Performed:	Duties Performed:	
LIMI LOTEK I	From	To	Duties i enomieu.		
[] Check if current employer					
Address	Annua	Il Base Salary	7		
	Starting	Final			
Telephone Number ()		or other wages			
May we contact? [] Yes [] No	Starting	Final	_		
	December 1	o ovinav			
Final Job Title Supervisor Name	Reason for L	eaving.			
EMPLOYER 2	Date	s Employed	Duties Performed:		
LIMI EGILIN Z	From				
	110111	10	╡		
Address	Annua	Il Base Salary		†	
	Starting	Final			
Telephone Number ()	Bonus	or other wages			
	Starting	Final			
Final Job Title	Reason for L	eaving:			
Supervisor Name					
EMPLOYER 3		s Employed	Duties Performed:		
	From	То			
A -1-1	A	I Dana Calani			
Address		Il Base Salary			
	Starting	Final			
Telephone Number ()	Ronus	or other wages			
relephone Number ()	Starting	Final			
	Otarting	Tinai			
Final Job Title	Reason for L	eaving:			
Supervisor Name		- armigi			
EMPLOYER 4	Date	s Employed	Duties Performed:		
	From	То			
Address	Annua	l Base Salary			
	Starting	Final			
Telephone Number ()		or other wages			
	Starting	Final	1		
Final Job Title	Reason for L	eaving:			
Supervisor Name		1		11/ [11]	
Have you ever been terminated from emplifyes, please explain:	ployment or been ask	ed to resign from a	position? []Yes []No	
List three (3) professional references. Do	not include family m	embers, past super	visors or people who reside w	vith you.	
	Address	Phone Number		Years Acquainte	
Tallio F		()	. Occupation	Todio Aoquante	
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		()			
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Skills and Qualifications	position(s) for which you are applying. Computer Skills: (Check all that apply. Include software titles [] Word Processing Years: [] Spreadsheet Years: [] Presentation Years:	/or certifications that will assist you in performing the duties of the and years of experience) [] Internet Years: _ [] Database Years: _ [] Other Years: _ [] Other Years:				
	You may exclude any that would reveal race, religion, color, s status. Organization	ex, age, national origin, disabilities, veteran status or any other protected Office(s) Held				
JUE						
Skills	List any special accomplishments, publications, awards, etc. You may exclude memberships that would reveal race, religion, color, sex, age, national origin, disabilities, veteran status or any other protected status. In your current or prior job(s), have you ever given written or oral instruction or direction to be followed by employees or customers? [] Yes [] No If yes, please explain: Please use the space below to provide any additional job-related information necessary to describe your full qualifications or that you would like the Foundation to know about you.					
	Position Desired:	Compensation Expectation:				
Employment Preferences	Date Available: Are you able to travel if job requires? [] Yes [] No Do you have a valid driver's license? (Proof will be required as condition of employment should position require motor vehicle operation as a job requirement.) [] Yes [] No	Hours Preferred: [] Full-time [] Part-time [] Temporary/Seasonal Are you available on weekends and/or outside of standard office hours of Monday-Friday, 8:30 a.m.–5:30 p.m.)? [] Yes [] No				

Please Read Carefully

If I am hired by the Foundation, I understand, agree and acknowledge as follows:

- 1) Unless I have a written employment agreement with the Foundation providing otherwise, executed on behalf of the Foundation by the Trustee and Chairman or his designee, my employment will be "at-will" for me and the Foundation. My employment may be terminated at any time by either party, for any or no reason, unless I have an employment contract with the Foundation that provides otherwise.
- 2) I will abide by all the rules, regulations and policies of the Foundation. It is my responsibility upon employment to become familiar with all internal policies of the Foundation, including, but not limited to, human resources, compliance, and information systems policies, as they may change from time to time.
- 3) After an offer of employment, I may be subject to completion of a medical examination by a health care provider designated by the Foundation prior to employment and at such a time as may be required by the Foundation, and that any examination may include testing the Foundation or health care provider deems necessary.
- 4) I will not directly or indirectly, other than in the business of the Foundation and in the scope of my employment, disclose or use at any time (either during or after my employment) any information, knowledge or data of the Foundation which is of a secret, confidential or proprietary nature, unless I have secured the prior written consent of the Foundation.
- 5) I have not disclosed, and will not disclose to the Foundation, have not been asked to disclose to the Foundation, and have been instructed by the Foundation not to disclose, any of my current or any former employer's trade secrets or proprietary information or the names or phone numbers of other employees or customers of my current or any former employer. The Foundation is only interested in my general knowledge and skill and does not want or need any of my current or any former employer's trade secrets or proprietary information. I have not brought and will not bring with me any of my current or any former employer's proprietary or confidential information and have returned or will return all property of my current employer or related to my current employer, whether or not I worked on it at home or on my own time.
- 6) There will be no contract for any specified term or length of employment; and no one with the Foundation may later bind the Foundation to a contract of employment except the Trustee and Chairman or his designee in writing.
- 7) The Foundation only employs United States citizens and aliens lawfully authorized to work in the United States. All offers of employment made by, and employment with, the Foundation are contingent upon the applicant's/employee's compliance with the Immigration Reform and Control Act (IRCA) of 1986. To comply, each new hire or rehire must complete the Employment Eligibility Verification Form I-9, by providing required documentation to establish identity and employment eligibility on or before the third day of employment.
- 8) The Foundation operates seven days per week. Weekend work, overtime (if applicable to my employment status), changes of schedule and/or changes of geographic location may be required during my employment at the sole discretion of the Foundation.
- 9) The Foundation may administer additional pre-employment cognitive ability tests which I attest that I will solely complete according to my own knowledge and skills.

By signing below, I certify that all information contained in this application for employment is true and accurate and has been completed by the person whose name is listed above and is applying for this position with the Foundation. I understand that falsification or concealment of facts, or failure to provide complete and correct information, on this application, my resume and/or during this application process may result in ineligibility for hire or discharge when discovered, as appropriate. Unless otherwise noted, I authorize the Foundation to investigate all facts and statements presented on this application or during the application process. I also authorize and request my reference source(s), previous employers, and schools I have attended to provide the Foundation with any and all information concerning my employment, my education, my ability and experience. I release and hold harmless the Foundation, my prior employers and reference source(s) from any liability that may arise from providing or using this information. I expressly waive any claim against the same for damages, loss or injury I may sustain as a result of the Foundation's efforts to verify the information I provide during the application process or any disclosures made under this authorization. I certify that I will not violate any contract I have with my current or any former employer by applying for and/or accepting employment with the Foundation. I also represent and warrant to the Foundation that I have not previously assumed any obligations inconsistent with those contained here. I understand, agree and acknowledge that the above statements were given voluntarily and not made under duress or with promise of employment with the Foundation or termination of employment.

Printed Name:	Date:	
Signature:		