



Employment Application

Human Resources Department
501 S. College Street, Charlotte, NC 28202

PLEASE NOTE: All requested information must be furnished. It is important that you answer all questions on your application fully and accurately. If an item does not apply to you, or if there is no information to be given, please write the letters "NA" for Not Applicable.

The CRVA complies with the Immigration Reform and Control Act of 1986. All employees must provide documentation to verify identity and employment eligibility within the first three days of employment. In accordance with the Americans with Disabilities Act, the CRVA will consider reasonable accommodation if requested. We are an equal opportunity employer and do not discriminate on the basis of race, sex, color, creed, age, disability, religion, or national origin. Applications are active for 90 calendar days. Resubmit after 90 days.

Position desired: _____ Position Status: Full Time Part Time

Circle desired facility/location:

Visit Charlotte | Charlotte Convention Center | Bojangles' Coliseum | Ovens Auditorium | Time Warner Cable Arena | NASCAR Hall of Fame

First Name: _____ Last Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: (____) _____ Other Telephone: (____) _____

E-Mail Address: _____@_____

When are you available to begin work? _____

Days & Hours available for work? Positions may be subject to evening, weekend, & holiday work hours.

	Mon	Tue	Wed	Thur	Fri	Sat	Sun
From/To:	<input type="radio"/> a.m.	<input type="radio"/> a.m.	<input type="radio"/> a.m.	<input type="radio"/> a.m.	<input type="radio"/> a.m.	<input type="radio"/> a.m.	<input type="radio"/> a.m.
	<input type="radio"/> p.m.	<input type="radio"/> p.m.	<input type="radio"/> p.m.	<input type="radio"/> p.m.	<input type="radio"/> p.m.	<input type="radio"/> p.m.	<input type="radio"/> p.m.

Name: _____ Position: _____ Date: _____ / _____ / _____

1. Have you ever been employed by CRVA? Yes No

If yes, when and what department? _____

2. Referred by: _____

3. Are you eligible to work in the United States? Yes No

4. Are you related by blood, marriage, or adoption to a current CRVA employee? Yes No

If yes, please provide name(s): _____

5. Are you able to perform the essential functions of the job for which you have applied with or without reasonable accommodations?
 Yes No

6. Have you ever been convicted of an offense against the law other than a minor traffic violation? Yes No

Please explain: _____

A conviction may not exclude you from employment. The offense will be evaluated in relation to the job for which you are applying.

7. Have you ever been fired from a job or asked to resign? Yes No

Please explain: _____

EDUCATION HISTORY

Circle highest level completed: 1 2 3 4 5 6 7 8 9 10 11 12 / GED / College 1 2 3 4 / Graduate School 1 2 3 4

SCHOOL	Name & Location	Graduate	Degree	Major
High School		<input type="radio"/> Yes <input type="radio"/> No		
College or University		<input type="radio"/> Yes <input type="radio"/> No		
Graduate School		<input type="radio"/> Yes <input type="radio"/> No		
Business or Trade School		<input type="radio"/> Yes <input type="radio"/> No		

EMPLOYMENT HISTORY

In the space provided below, give your employment history beginning with your present or most recent employer and list all positions held, including military, part-time, summer, and volunteer work. Details on any period of unemployment must be included. IF MORE SPACE IS REQUIRED, PLEASE ATTACH ADDITIONAL SHEETS USING THE SAME FORMAT. A personal resume CANNOT be substituted for this application; however, you may attach a resume as a supplement.

A Name and business address of employer: _____

Date of employment from: _____ to _____ Title of position: _____
Month/Day/Year

Part time: or Full time: Number of hours worked per week: _____

Beginning salary \$ _____ Present or last salary \$ _____

Name and title of supervisor: _____ Phone number: (_____)

Description of duties and responsibilities: _____

Reason for leaving: _____

May we contact your present employer regarding your record of employment? Yes No

B Name and business address of employer: _____

Date of employment from: _____ to _____ Title of position: _____
Month/Day/Year

Part time: or Full time: Number of hours worked per week: _____

Beginning salary \$ _____ Present or last salary \$ _____

Name and title of supervisor: _____ Phone number: (_____)

Description of duties and responsibilities: _____

Reason for leaving: _____

May we contact this employer regarding your record of employment? Yes No

C Name and business address of employer: _____

Date of employment from: _____ to _____ Title of position: _____
Month/Day/Year

Part time: or Full time: Number of hours worked per week: _____

Beginning salary \$ _____ Present or last salary \$ _____

Name and title of supervisor: _____ Phone number: (_____)

Description of duties and responsibilities: _____

Reason for leaving: _____

May we contact this employer regarding your record of employment? Yes No

OFFICE SKILLS/COMPUTER SKILLS/EQUIPMENT

(Examples: switchboard, Microsoft Word, computer certifications, etc.) _____

CERTIFICATIONS/LICENSES

REFERENCES

Please provide name, occupation and phone number of three references not related to you.

- 1) _____
- 2) _____
- 3) _____

How did you find out about this position (select one)?

<input type="radio"/> Walk-in	<input type="radio"/> Magazine/Publication Ad	<input type="radio"/> Work First
<input type="radio"/> CRVA Website	<input type="radio"/> Newspaper Ad	<input type="radio"/> Jacobs Ladder
<input type="radio"/> Employment Opportunities Hotline	<input type="radio"/> Employment Security Commission	<input type="radio"/> Name Other Source: _____
<input type="radio"/> Employee Referral	<input type="radio"/> Local College: _____	

Employment offers are based on successful background checks, drug screens, and physicals (where applicable). Failure of any one/combination of these tests will result in a denial of employment.

I certify that all statements made in this application are true and complete to the best of my knowledge. I further understand that false or incomplete answers on this application are grounds for not employing me or for dismissing me after beginning work. I authorize a thorough investigation of my past employment and activities, agree to cooperate in such investigation, and release from all liability or responsibility all persons and corporations requesting or supplying such information. I understand that completing this application does not assure me a position with the CRVA and does not obligate the CRVA to me in any way. If hired, I understand that I will be an at-will employee subject to dismissal or discipline without notice or cause at the discretion of the CRVA, that the at-will relationship cannot be changed absent a written contract to the contrary signed by me and the CRVA and this application does not constitute such a contract, and the CRVA reserves the right to unilaterally abolish or modify any personnel policy without prior notice.

Please Note: Applications are active for a period of 90 calendar days. If you still want to be considered for a position with the CRVA after the 90 calendar day period, you must reapply by completing another Employment Application form.

Applicant's Signature: _____ Date: _____



Notice to Individuals Being Drug and/or Alcohol Tested and Physicals

READ AND SIGN BELOW

As part of either your application or ongoing employment with the Charlotte Regional Visitors Authority (CRVA) you are subject to drug and/or alcohol testing. Part of our testing process is providing you with notice of your rights and responsibilities with regards to this testing. Please be advised:

1. You have a right to understand what type of testing will occur and the reason for such testing. If you have any questions about this test you may contact a member of the Human Resources department who will gladly answer any question you have.
2. You have a responsibility, at the same time, to complete the test without delay and understand that you cannot delay a required test waiting on an explanation of this information.
3. YOU SHOULD NOT PROVIDE ANY MEDICAL OR PRESCRIPTION INFORMATION TO THE COLLECTOR. You may provide such information to the Medical Review Officer (MRO) physician conducting the medical review process of your test result.
4. You have a right to decline to complete any test required. However, refusal to test will result in an applicant no longer being eligible for employment. Current employees who refuse a test will be terminated. Likewise, applicants who attempt to alter test results will no longer be considered for employment. Current employees who attempt to alter the test will be terminated.
5. Applicants who test positive will no longer be considered for employment. Positive test results for current employees will be used by the CRVA to determine continued employment eligibility.
6. You have a right to be treated with basic dignity and privacy to the extent the circumstances permit. Should the collector believe you will attempt, or have attempted to tamper with or adulterate a specimen, or you provide a specimen outside the acceptable temperature range, you may be required to undergo a specimen collection directly observed by a collector of the same gender. Refusal to allow a direct observed collection under these circumstances will be considered a refusal to test.
7. You have the right to expect any personal information gathered or test result information to be treated as confidential as possible in a work environment.
8. You have a right to understand that your specimen will be tested in a laboratory qualified to conduct such employment type testing and the laboratory report will be forwarded to the MRO who is a physician licensed to practice medicine and trained to perform such MRO duties. The MRO will discuss with you any positive lab result and give you an opportunity to provide any relevant medical information that would justify a lab positive.
9. You may have other rights not stated here, and such stated rights and responsibilities may change from time to time depending on company policy, testing technology, state and federal law and/or contractor requirement.
10. You have the right to understand that certain positions have been classified as "safety sensitive" and may require pre-employment and/or other physical examinations as a condition of employment.

NC Applicants/Employees Only:

You have rights under North Carolina law which provide that you will be informed, in writing, within thirty (30) calendar days, of a verified positive test result. North Carolina also provides that you have the right within ninety (90) calendar days of notice of a positive test to request, in writing, to have the original sample re-tested in the same or another approved laboratory. All such retesting shall be at your expense and such costs shall include, the actual costs charged by the laboratory, chain-of-custody fees, and up to \$15 of employer costs to comply with your request.

Employee/Applicant Name

Employee/Applicant Signature

Date



Disclosure & Consent to Release Information

APPLICANT/EMPLOYEE INFORMATION (Please Print)

Applicant/Employee Name (First, Middle, Last):		Current Address (Street Address):		
Other Name(s) Used (like Maiden):		City:	State:	Zip:
2. Other Name(s) Used:		Former Address (1):		
Social Security No.:		City:	State:	Zip:
Driver's License No.: State:		Former Address (2):		
Date of Birth:	Place of Birth (City, State, Country):	City:	State:	Zip:
Gender (mark one): <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other				
Race Codes (select one): <input type="radio"/> Hispanic or Latino <input type="radio"/> White (Not Hispanic or Latino) <input type="radio"/> Black or African American (Not Hispanic or Latino) <input type="radio"/> Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) <input type="radio"/> Asian (Not Hispanic or Latino) <input type="radio"/> American Indian or Alaska Native (Not Hispanic or Latino) <input type="radio"/> Two or More Races (Not Hispanic or Latino)				

Instructions:

Please read this disclosure and consent form carefully before signing. You will be provided with a copy of this form at any time upon request.

Disclosure And Consent Concerning Consumer Reports For Employment Applicants And Employment Purposes

You should read carefully. This consent and release has been provided to you for this employer to request a consumer report or investigate consumer reports in connection with your application for employment, resume or during the course of your employment, if any.

The Applicant/Employee acknowledges that this company may now, or at any time while employed, verify information within the application, resume or contract for employment. The verifications and/or checks may include but not limited to: driving record, workers compensation records, credit bureau files, employment references, personal references, any educational and licensing institution and to receive any criminal record information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency in North Carolina or any other State. A photocopy or telephonic facsimile (Fax) of this Disclosure and Consent authorization for Release of Information shall be valid as the original. The results of this verification process will be used to determine employment eligibility. All results will be kept CONFIDENTIAL. The information obtained will not be provided to any parties other than to designated Company Personnel.

According to the Fair Credit Reporting Act, if any adverse decision is made with regard to application for employment, based entirely or in part on the information contained in a consumer report or investigative consumer report prepared by a consumer reporting agency, you are entitled to receive a copy of this report upon written request, and a disclosure of the nature and scope of the investigative report. Your signature below indicates that you have carefully read and understand that a consumer report or investigative consumer report regarding you may be requested and reviewed for employment purposes, including any future decisions concerning your employment, promotion, or retention as an employee. Additionally, your signature below reflects your understanding that such consent will remain in effect indefinitely until you revoke it in writing.

Consent Statement

I have carefully read and understand this disclosure and consent form and by my signature consent to the release of consumer or investigative consumer reports, as defined above in conjunction with my application for employment. I further understand this consent will apply during the course of my employment, should I obtain such employment, and that such consent will remain effect until revoked in a written document signed by me. In the event that I wish to refuse or revoke my consent at any time, I understand that I may do so. I further understand that any and all information contained in my job application, or otherwise disclosed to this employer by me may be utilized for the purpose of obtaining the consumer reports or investigative consumer reports requested by the Employer and confirm that all such information is true and correct.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as a cause for possible dismissal.

I authorize this agency and any of its Agents/designated Company Personnel, to disclose orally and in writing the results of this verification process and/or interview to authorized representatives. I do hereby agree to forever release and discharge this company, our agent, this agency and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint arising from the retrieving and reporting of information. Attention Residents of California, Minnesota, & Oklahoma Only: By checking this box, I request to receive a copy of the report from the credit reporting agency at no charge at the same time the report is provided to the prospective employer.

Applicant/Employee:

Applicant/Employee Signature

Date