

# APPLICATION FOR EMPLOYMENT

(An Equal Opportunity Employer)

*Instructions: If you need help to fill out this form or for any phase of the employment process, please notify the person that gave you this form.*

Date \_\_\_\_\_

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Alternate Phone (\_\_\_\_) \_\_\_\_\_

Social Security Number \_\_\_\_\_

**APPLICANT NOTE:** This application form is intended for use in assisting us in evaluating your qualifications for employment. This is not an employment contract. Please print all answers and answer all questions truthfully and completely. Any person found to have intentionally misrepresented or omitted any material fact herein, will automatically be disqualified from further consideration or employment. All qualified applicants will receive consideration for employment without discrimination based on age, sex, national origin or any other protected classification. A prior felony conviction will not automatically disqualify you from employment.

Affirmative action hiring may be requested by qualified applicants. Additional testing of skills directly related to essential job functions and testing for the presence of drugs or alcohol in your body may be required prior to employment.

Referred by:

Walk-In     Friend     Advertisement    Other \_\_\_\_\_  
 Employee     Employment Agency     Relative    List source if other than self \_\_\_\_\_

Are you prevented from lawfully being employed in this country because of your visa or immigration status?  Yes  No

I attest, under penalty or perjury, that I am (check one):

1. A citizen or national of the United States  
 2. An alien lawfully admitted for permanent resident (Alien Number) A \_\_\_\_\_  
 3. An alien authorized by the immigration and naturalization service to work in the United States (Alien Number) A \_\_\_\_\_

Have you applied here before?  Yes  No If so, what position and when? \_\_\_\_\_

For which position are your applying? \_\_\_\_\_ Salary desired \_\_\_\_\_

What category would you prefer?  Full-time  Part-time  Temporary When can you start? \_\_\_\_\_

For which schedules are you available?  Weekdays  Weekends  Evenings  Nights  Overtime  Shift  Other

## EDUCATION

	High School	College/University/Technical	Graduate/Professional
High School Name Location			
Years Completed or Credit Hours Completed	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree	Diploma GED		
Course of Study Major and Minor			
Describe Specialized Training, Apprenticeship, Skills and Extracurricular Activities			

### EMPLOYMENT HISTORY

List all employers in order with the last or present employer(s) first. Since we will make every effort to contact previous employers, please provide the correct telephone numbers and complete addresses.

Name, Address and Telephone Number	Dates of Employment	Annual Salary	
	From / / To / /	Job Title	
	Are you currently working for this employer Yes No		If yes, may we contact? Yes No
	Supervisor's Name		
	Reason for Leaving:		
Principle Duties:			

Name, Address and Telephone Number	Dates of Employment	Annual Salary	
	From / / To / /	Job Title	
	Are you currently working for this employer Yes No		If yes, may we contact? Yes No
	Supervisor's Name		
	Reason for Leaving:		
Principle Duties:			

Name, Address and Telephone Number	Dates of Employment	Annual Salary	
	From / / To / /	Job Title	
	Supervisor's Name		
	Reason for Leaving:		
Principle Duties:			

Name, Address and Telephone Number	Dates of Employment	Annual Salary	
	From / / To / /	Job Title	
	Supervisor's Name		
	Reason for Leaving:		
Principle Duties:			

1. Do you currently have a valid license to operate a motor vehicle in this state?  Yes  No
- a. Have you received any notice that such license may or will be suspended or revoked at any time in the future?  Yes  No
- b. Have you been at fault in causing or contributing to any motor vehicle accident(s) in the past five (5) years?  Yes  No

If yes, please explain your involvement in each accident. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Have you ever been bonded?  Yes  No
3. Have you used any names or Social Security Numbers other than those you have listed?  Yes  No

If yes, please list \_\_\_\_\_

4. Did you serve in the U.S. Armed Forces?  Yes  No If yes, what Branch? \_\_\_\_\_
5. Have you been convicted of a felony and/or served time in the past seven (7) years for something other than drug possession or use?  Yes  No

If so, please describe below. (In accordance with company policy, this information will be reviewed for job relatedness and time since last conviction.)

Incident	City/State	Charge

**BUSINESS REFERENCES**

Include only individuals familiar with your work ability. Do not list relatives.

Name	Address	Phone	Years Known	Relationship	Occupation

**PERSONAL REFERENCES**

Include only those individuals that are not related to you whom you have known for at least one year.

Name	Address	Phone	Years Known	Relationship	Occupation

CRIMINAL BACKGROUND CHECKS

Current standards require that we perform a State Bureau of Investigation background check on all prospective employees that have resided in the state of North Carolina for more than five years and a Federal Bureau of Investigation background check on all North Carolina non-residents and all North Carolina residents who have resided in the state for less than five (5) years. Therefore:

How long have you lived in the state of North Carolina? \_\_\_\_\_, \_\_\_\_\_  
Years Months

*It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, religion, sex, national origin, age or other protected classification.*

CERTIFICATION/RELEASE

"I certify that I have read and understand the applicant note on the front page of this form and that all answers given by me herein are true and correct to the best of my knowledge and belief. I hereby authorize the company, its agents and servants, and any credit reporting agency, to verify any information set forth herein including, but not limited to, my criminal history and motor vehicle driving record. I further authorize all persons, schools, former employers and law enforcement agencies to release such information as the company may request concerning my past, and do hereby release such person, school, former employer and law enforcement agencies from any liability or damages which may result therefrom. I understand that the use of illegal drugs is prohibited during my employment and do hereby submit to drug testing by or at the direction of company to detect the presence or absence of drugs I my body, both prior to and during my employment therewith."

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



