

Application for Employment (An Equal Opportunity Employer)

APPLICANT NOTE: This application form is intended for use in assisting us in evaluating you 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 intentio	nally misrepresente	d or omitted	l answers and answer	herein, wil	ll automatical	lly be disqua	alified from further
			ants will receive cons ssification. A prior fe				
			equested be qualified				
			of drugs or alcohol in				
Position Applied	For				Date of Application		
Name – Last, F	irst & Middle	Phone No.					
Address – Num	ber & Street	Social Security No.					
City			Zip				
U. S. Citizen?	Yes No				l .		
		u are legally i	permitted to work in t	he II S 2	Yes No		
Date available fo		u are regarry	permitted to work in t	iic 0.5.!	105 110		
	are you available fo	r work?					
			Th 1	F.,: 4	10	(C1
Monday	Tuesday	Wednesday	Thursday	Friday	3	Saturday	Sunday
Have you been co Yes No Do you have a va If not, please list If so, please desc since last convict	llid NC State Drivers	and/or served s License? Y which your D	time in the past sever				-
			Educatio	on			
	Name & I	Location	Number of Years Competed	Dio	d You Gradua		oject(s) Studied & gree(s) Received?
High School							
College/Universi	ty						
Other							
Describe any spe	cialized training reco	eived relevant	to the essential job fi	unction for the	he position fo	r which you a	re annlying

		Employment H	istory					
Name, Address and Telephone No.		Date of Employment	Annual Salary					
		From / / To / /	Job Title					
		you currently working for this empl						
		Supervisor Title						
	Principle Duties							
()								
			1					
Name, Address and Te	lephone No.	Date of Employment	Annual Sa	ılary				
		From / / To / /	Job Title					
	Are	you currently working for this empl	oyer? Yes 1	No If yes may	y we contact? Yes No			
		rvisor Title						
	Princ	ciple Duties						
()								
	•							
Name, Address and Te	lephone No.	Date of Employment	Annual Salary					
		From / / To / /	Job Title					
	Are	you currently working for this empl	oyer? Yes 1	No If yes may	y we contact? Yes No			
		rvisor Title						
Pri		Principle Duties						
()								
		_						
		Reference	es					
Include only those indi	viduals that are i	not related to you whom you have k	nown for at	least one year.				
T			1		1			
Name	Addro	Phone Phone	Years Known	Relationship	Occupation			

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 persons, schools, former employers 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 abuse of drugs in my body, both prior to and during my employment therewith."

Note : You will be asked to present a Drivers License, which is valid in the State of North Carolina upon the return of this a

Signature_	Date