

APPLICATION FOR EMPLOYMENT



CONFIDENTIAL

Company

Name

ALCOHOL/DRUG ABUSE POLICY STATEMENT

We have a responsibility to provide a safe working environment for our employees, along with reliable and safe service to our customers. Therefore employees must be physically and mentally fit to perform their duties in a safe and efficient manner.

The Company is committed to provide a safe and productive work environment for all employees. It is the policy of the Company that employees shall not be involved with the unlawful use, possession, sale, or transfer of drugs or narcotics in any manner which may impair their ability to perform assigned duties or otherwise adversely impact the Company's business. Further, employees shall not possess alcoholic beverages in association with the work place or during working time. The Company has implemented and enforces a policy for maintaining a work environment free from the effects of alcohol/drug abuse or other substances which adversely affect the mind or body.

All offers will be contingent upon the verification of lawful employment status as required by the Immigration Reform and Control Act of 1986. This process must be completed immediately following the offer of employment and prior to starting work.

Location

Date

WE ARE AN EQUAL OPPORTUNITY EMPLOYER BY BOTH POLICY AND PRACTICE AND ABIDE BY FEDERAL AND STATE LAWS WHICH FORBID DISCRIMINATION BECAUSE OF RACE, COLOR, RELIGION, AGE, SEX, CITIZENSHIP STATUS, NATIONAL ORIGIN, HANDICAP OR VETERAN STATUS.

PERSONAL DATA

SOCIAL SECURITY NO. _____

NAME

Last

First

Middle

CURRENT ADDRESS

Street

City & State

Zip

PERMANENT ADDRESS

Street

City & State

Zip

Are you 18 or older? Yes _____ No _____ Email Address _____

Do you have a legal right to work in the U.S. and can you verify this? Yes _____ No _____

Have you ever been convicted of a crime? Yes _____ No _____ If yes, you may explain _____

Telephone: Home _____ Work _____

In emergency, notify: Name _____ Address _____

Daytime Phone _____

CAREER INTEREST

Type of Work Desired: Regular, Full-Time _____ Part-time _____ Summer _____ Temporary _____

For what position are you applying? _____ Describe briefly your qualifications for this position. _____

Salary expected _____ Date available _____

How did you come in contact with our Company?

_____ Newspaper Advertisement (Specify) _____

_____ Employment Agency (Specify) _____

_____ Employee of our Company? _____

_____ Other (Specify) _____

Have you ever worked for or applied to our Company before? _____ If yes, explain _____

Branch(s) Applied to: ___Charlotte ___Columbia ___Hampton ___Jacksonville ___Richmond ___Tampa ___Tallahassee

CLERICAL ABILITIES (Only clerical/secretarial applicants need to complete this section)

Typing Speed _____ WPM Dictation Speed _____ WPM Office Machines Operated _____

U.S. MILITARY RECORD

Branch of Service: _____

Dates of Active Service: From _____ to _____ Highest Rank _____

Military Specialization & Duties _____

EDUCATION RECORD

Name and Location of School	Cirde Last Year Attended				Diploma/ Degree	Major Course	Last Year Attended
	1	2	3	4			
High School	1	2	3	4			
College(s)	1	2	3	4			
Graduate or Other	1	2	3	4			
Business or Trade School	1	2	3	4			

*School Activities-Clubs, Honorary Organizations, etc. _____
 Honors, Scholarships, Awards, etc. _____
 Publications, Thesis, etc. _____

*Languages: Write _____
 Read _____
 Speak _____
 (Language) (Language) (Language)

EMPLOYMENT HISTORY (Give last position first. Use additional sheet if necessary.)

Name of Company _____ Address _____
 Starting Position _____ Date _____ Salary _____
 Last Position _____ Date _____ Salary _____
 Duties _____
 Reason for Leaving _____
 Name of Last Supervisor _____ May we contact this company? _____

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*Use the space below to list clubs/professional organizations to which you belong and any other information you desire concerning your background and abilities (e.g., hobbies, community activities).

* You may omit those which indicate race, religion, or national origin, if you desire.

ADDITIONAL INFORMATION

Please use this section to provide any additional information.



To allow the Company to monitor the applicant flow, hiring and placement of protected classes in compliance with our affirmative action commitment, we would appreciate your voluntarily completing this section. This information will be removed from the application immediately upon receipt.

- Please Print -

DATE _____

NAME _____ Social Security Number _____
First MI Last

ADDRESS _____ Telephone _____
Street
City State Zip

POSITION APPLIED FOR _____
(Please Be Specific)

DATE OF BIRTH ____/____/____
Month Day Year

RACE (Check One) W = White O = Asian of Pacific Islander SEX M = Male
 B = Black I = American Indian or Alaskan Native F = Female
 S = Hispanic

Are you a veteran with a disability rating of 30% or more or were you discharged or released from active duty Yes for a disability incurred or aggravated in the line of duty? Yes No

Did you serve on active duty for at least 180 days, any part of which occurred between 8/5/64 and 5/7/75 (Vietnam Era Veteran)? Yes No

Do you have a handicap or other limiting condition which would restrict or affect your ability to perform the job for which you are applying? Yes No

If yes, will you require any sort of accommodations from the company to enable you to perform the job properly and safely? _____

REFERRAL SOURCE
(Check One)

- | | |
|--|--|
| <input type="checkbox"/> A - Walk-In | <input type="checkbox"/> L - College/University Student |
| <input type="checkbox"/> B - Unsolicited Resume | Placement, Campus Recruiter |
| <input type="checkbox"/> C - Employee Referral - Relative | <input type="checkbox"/> M - College/University Alumni Placement |
| <input type="checkbox"/> D - Employee Referral - Non-Relative | <input type="checkbox"/> N - Executive Search Firm |
| <input type="checkbox"/> E - Gov't Agency - Local | <input type="checkbox"/> O - Advertisement _____ |
| <input type="checkbox"/> F - Gov't Agency - State | <input type="checkbox"/> P - Professional Society |
| <input type="checkbox"/> G - Gov't Agency - Federal (Military) | <input type="checkbox"/> Q - High School Recruitment |
| <input type="checkbox"/> H - Employment Agency | <input type="checkbox"/> S - Student Employment Program |
| <input type="checkbox"/> I - Employment Agency (Minority) | <input type="checkbox"/> Z - Other |
| <input type="checkbox"/> J - Business Referral | |
| <input type="checkbox"/> K - Former Employee | |

Hourly
Salaried

GENERAL

I CERTIFY THAT ALL INFORMATION GIVEN ON THIS APPLICATION IS TRUE AND CORRECT. I UNDERSTAND THAT ANY MISREPRESENTATION OR OMISSION OF INFORMATION DURING ANY PART OF THE EMPLOYMENT PROCESS WILL LEAD TO REJECTION OF MY APPLICATION OR, IF I AM HIRED, WILL BE SUFFICIENT CAUSE FOR MY TERMINATION.

I ALSO UNDERSTAND THAT EMPLOYMENT IS SUBJECT TO A PHYSICAL EXAMINATION REQUIRED BY THE COMPANY AND THAT THE COMPANY MAY MAKE ANY INQUIRIES RELATIVE TO MY WORK AND PERSONAL HISTORY. I AUTHORIZE THE RELEASE OF THIS INFORMATION, AND I RELEASE ANY PERSONS OR AGENCIES AND THE COMPANY FROM ANY LIABILITY IN THAT REGARD.

IN THE EVENT OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE RULES, POLICIES AND PROCEDURES OF THE COMPANY. I UNDERSTAND THAT THIS EMPLOYMENT APPLICATION IS NOT A CONTRACT OF EMPLOYMENT - ANY INDIVIDUAL WHO IS HIRED MAY VOLUNTARILY LEAVE EMPLOYMENT AND THAT INDIVIDUAL'S EMPLOYMENT AND COMPENSATION MAY BE ALTERED OR TERMINATED BY THE EMPLOYER AT ANY TIME, WITH OR WITHOUT NOTICE AND WITH OR WITHOUT CAUSE. I UNDERSTAND THAT NO REPRESENTATIVE OF THE COMPANY, OTHER THAN AN OFFICER, HAS AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME OR TO MAKE ANY AGREEMENT WHICH MODIFIES THE FOREGOING.

Applicant's Signature _____ Date

PLEASE DO NOT WRITE BELOW THIS LINE

Accepted by _____ Department _____

Department Head
Type of Work: _____ Regular _____ Temporary _____ Part-time _____ Full-Time

Position Title _____ Salary Grade _____ Starting Date _____

Approved By _____ Date _____
Personnel Department

Job Code _____ Cost Center _____

Monthly Salary _____ Physical Date/Time _____

