



8916 South Blvd, Charlotte, NC 28273
 (704) 821-5200
 Fax: (704)821-5205

APPLICATION FOR EMPLOYMENT

If you need help to fill out this application form or for any phase of the employment process, please notify the person who gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time. Please complete both sides of this form. If more space is needed to complete any question, use an extra sheet of paper. Print clearly; illegible and/or incomplete applications will not be processed.

All qualified applicants will receive consideration without discrimination because of race, color, religion, sex, age, disability, veteran status, or national origin.

Last Name		First Name		Middle	Are you 18 years or older?	
Street Address			If hired, can you provide proof of eligibility to work in the U.S.?		Social Security Number	
City/Town and State		Zip Code		Cell Number:		
				Home Number:		
Position you are applying for :				Date Available	Minimum Salary Desired	
Do You want Full Time _____ Part Time _____				Are you able to perform the duties for the position for which you are applying?		
Relatives Employed by Us?	Location	Job		Relationship		
Have you ever been employed by Us?						
Dates: _____		Position _____				
High School	Location	Did you graduate?		Major Subject		
College	Location	Did you graduate?		Major Subject		
Trade School	Location	Did you graduate?		Major Subject		

List employment starting with your most recent job during the past 10 years. Account for any time period that you were unemployed by stating the nature of your activities. Use separate sheet of paper if necessary.

Employer		Telephone Number		From:	To:	Starting Salary	Ending Salary
Address:			Name of Job and describe what you did				
City	State	Zip Code	Supervisor's Name		Reason for Leaving		
Employer		Telephone Number		From:	To:	Starting Salary	Ending Salary
Address:			Name of Job and describe what you did				
City	State	Zip Code	Supervisor's Name		Reason for Leaving		
Employer		Telephone Number		From:	To:	Starting Salary	Ending Salary
Address:			Name of Job and describe what you did				
City	State	Zip Code	Supervisor's Name		Reason for Leaving		

May we contact your present employer? _____

List any current certification/licensing you have?

List any professional, trade groups, or organizations that you consider relevant to your ability to perform this job. _____

Do you have any experience from your military service that would be relevant to the job for which you are applying? _____ if yes, please explain _____

Have you even been CONVICTED of a felony? _____ if yes, please explain _____

References

Name & Address	Telephone	Number of Years Known
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	()	
	()	

I understand:

That completing this application does not constitute an offer of employment and that my application may be rejected for any reason;

That giving false or misleading information on this form or in an interview is grounds for denial or immediate termination of employment;

That I may be required to complete a medical history form and may be required to be examined by a medical professional designated by the company;

That if I sustain any injury or illness while in the employment of this organization, I agree that this organization shall be entitled to receive full and complete reports and records covering any medical or related examinations, and I authorize any and all such doctors, medical examiners, and hospitals to give to this organization full and complete reports covering such examinations, condition, care and treatment related to or resulting from the alleged illness or injury.

Authorization To Release Information

If I am given a conditional offer, I authorize this organization to make a complete investigation of me, including but not limited to, my past employment history, medical history, scholastic record, criminal activity, motor vehicle driving records, workers' compensation history and to rely on such information sources. I authorize all persons and organizations to release any information concerning my background and hereby release all persons and organizations from liability for and damage whatsoever for issuing third information. I acknowledge that a telephone facsimile (FAX) or photographic copy shall be as valid as the original.

I understand that the use of illegal drugs is prohibited during employment. If employment policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and/or during employment.

I understand that this employment application and any other employee-related documents are not contracts of employment; and that any individual who is hired may voluntarily leave employment upon proper notice, and may be terminated by the employer at any time and for any reason. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee.

Signature of Applicant _____ Date _____