



EMPLOYMENT APPLICATION

This application form is designed to protect individual rights and privacy and to insure equal employment opportunity. All questions are considered important for employment and no other use is intended for the information you submit.

PO Box 1847
801 Mumford Road, Greenville, NC 27835

PERSONAL INFORMATION

Date _____

Name _____
LAST FIRST MIDDLE

Present Address _____
NO. STREET CITY STATE ZIP

How long at present address? _____ Home Tel. No. _____ Office Tel. No. _____
AREA AREA

Former Address _____
NO. STREET CITY STATE ZIP

If hired, do you have a reliable means of transportation to get to work? () Yes () No How? _____

Do you have a valid driver's license? () Yes () No Driver's License No. _____ Class _____ State _____

Is this a Commercial Driver's License (CDL)? () Yes () No

Since turning 18 years of age, have you been convicted of a misdemeanor or felony, other than minor traffic violations?

() Yes () No

(NOTE: Each conviction will be judged in relation to time, seriousness and circumstances and will not necessarily bar you from employment.)

If yes, please list the conviction(s) and date(s) _____

Are you legally authorized to work in the U.S.? () Yes () No

Are you a Pitt County Resident? () Yes () No

List any relatives working for us and their relationship to you.

(Names)

EMPLOYMENT DESIRED

Would you work full-time _____ part-time _____ Specify days and hours if part-time _____

Would you accept a position involving shift work? () Yes () No OR stand-by? () Yes () No

Job(s) applied for 1. _____ Rate of pay expected \$ _____

2. _____ Rate of pay expected \$ _____

How did you learn of this opening? _____

If hired, on what date will you be available to start work? _____

Are you employed now? () Yes () No

If yes, may we contact your employer regarding your record of employment? () Yes () No

Have you worked for us before? () Yes () No If yes, when? _____

REFERENCES: List four persons who are not related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not list names of supervisors you will list under employment record.

	NAME	ADDRESS	TELEPHONE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

MILITARY INFORMATION

If you are a male between the ages of 18 and 26, have you registered with Selective Services? () Yes () No

Veteran () Yes () No Branch of Service _____

Date of Induction _____ Date of Discharge _____ Rank at Discharge _____

Duties while in service _____

EDUCATION: Give your complete history below

Last High School Attended _____ Circle highest school year completed

Name and Address _____ 1 2 3 4 5 6 7 8 9 10 11 12

Did you either graduate from high school or pass the High School Equivalency Test? () Yes () No

Education Beyond High School	Name and Address	Circle Years Completed	Credit Hours & Major	Did You Graduate?	Degree or Diploma & Year Received
College or University		1 2 3 4			
Graduate or Professional		1 2 3 4			
Other Education Training, etc.		1 2 3 4			

Do you have keyboarding experience? () Yes () No

EMPLOYMENT RECORD: List below all present and past employment, beginning with your most recent. Include military service in proper time sequence and temporary or part-time jobs.

Title of position _____ Starting salary _____ Last salary _____
 Name of employer _____ Address _____
 Name and title of supervisor _____ Business telephone _____

Date employed			Duties _____ _____ _____ _____
Date separated			
Full-time	Years	Months	
Part-time	Years	Months	
If part-time, number of hours worked per week			Equipment/Machines operated _____ _____

Reason for leaving _____

Title of position _____ Starting salary _____ Last salary _____
 Name of employer _____ Address _____
 Name and title of supervisor _____ Business telephone _____

Date employed			Duties _____ _____ _____ _____
Date separated			
Full-time	Years	Months	
Part-time	Years	Months	
If part-time, number of hours worked per week			Equipment/Machines operated _____ _____

Reason for leaving _____

Title of position _____ Starting salary _____ Last salary _____
 Name of employer _____ Address _____
 Name and title of supervisor _____ Business telephone _____

Date employed			Duties _____ _____ _____ _____
Date separated			
Full-time	Years	Months	
Part-time	Years	Months	
If part-time, number of hours worked per week			Equipment/Machines operated _____ _____

Reason for leaving _____

Title of position _____ Starting salary _____ Last salary _____
 Name of employer _____ Address _____
 Name and title of supervisor _____ Business telephone _____

Date employed			Duties _____ _____ _____ _____
Date separated			
Full-time	Years	Months	
Part-time	Years	Months	
If part-time, number of hours worked per week			Equipment/Machines operated _____ _____

Reason for leaving _____

