



5950 Gay Road, Farmville, NC 27828  
252-749-1101

## Employment Application

### Application information

Full name:	_____	Date:	_____
	<i>Last First M.I.</i>		
Address:	_____	Phone:	_____
	<i>Street address Apt/Unit #</i>		
	_____	Email:	_____
	<i>City State Zip Code</i>		
Date Available:	_____	S.S. no.	_____
		Desired salary:	\$ _____
Position applied for:	_____		
Driver's License:	_____		
Expiration:	_____	State:	_____
		Class Type:	_____
Are you a citizen of the United States?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If no, are you authorized to work in the U.S.?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you ever worked for this company?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, when?	_____
Have you ever been convicted of a felony?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, explain?	_____

### Education

High school:	_____	Address:	_____
From:	_____	To:	_____
		Did you graduate?	Yes <input type="checkbox"/> No <input type="checkbox"/> Diploma: _____
College:	_____	Address:	_____
From:	_____	To:	_____
		Did you graduate?	Yes <input type="checkbox"/> No <input type="checkbox"/> Degree: _____
Other:	_____	Address:	_____
From:	_____	To:	_____
		Did you graduate?	Yes <input type="checkbox"/> No <input type="checkbox"/> Degree: _____

Can you lift over 85 lbs. Yes ☐ No ☐

Can you work outdoors in extreme weather? Yes ☐ No ☐

Do you speak more than one language? Yes ☐ No ☐ If yes, what? \_\_\_\_\_

## Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at discharge: \_\_\_\_\_ Type of discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

## Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

May we contact your previous supervisor for a reference? Yes ☐ No ☐

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

May we contact your previous supervisor for a reference? Yes ☐ No ☐

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

May we contact your previous supervisor for a reference? Yes ☐ No ☐

# References

Please list three professional references.

Full name:		Relationship:	
Company:		Phone:	
Address:		Email:	
Full name:		Relationship:	
Company:		Phone:	
Address:		Email:	
Full name:		Relationship:	
Company:		Phone:	
Address:		Email:	

Describe any special qualifications for this job: \_\_\_\_\_

\_\_\_\_\_

Equipment Operated: \_\_\_\_\_

\_\_\_\_\_

Have you been in an accident or had any traffic violations within the last 5 years?      Yes      No

Describe \_\_\_\_\_

\_\_\_\_\_

## Disclaimer and signature

INFORMATION PROVIDED IN THIS APPLICATION WILL BE USED IF REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION, OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS. THE INFORMATION DISCLOSED WILL NOT BE USED TO DISCRIMINATE AGAINST THE APPLICANT DURING THE HIRING PROCESS FOR ANY REASONS RELATING TO RACE, COLOR, SEX, RELIGIOUS AFFILIATION, NATIONAL ORIGIN, GENDER, OR ANY DISABILITY.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

I understand that a consumer credit report or criminal records check may be necessary prior to my employment. If such reports are required, I understand that, in compliance with federal law, the company will provide me with a written notice regarding the use of these reports and will also obtain a separate written authorization from me to consent to these reports. I also understand that a poor credit history or conviction will not automatically result in disqualification from employment.

I understand that I will be subject to random drug testing. By submitting this application, I acknowledge and consent to compliance with our drug testing policy if selected for the position.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities (ADA) and other relevant federal and state laws.

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Signature:

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Date:

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