



135 Little Nine Dr.  
Morehead City, NC 28557

Tel: (252) 240-2829 or (800) 242-2559  
HR Dept. Fax: (252) 240-5923

## APPLICATION FOR EMPLOYMENT

### Attach Resume to Application

It is our policy to comply with all applicable state, local and federal laws prohibiting discrimination in employment based on race, sex, color, creed, national origin, age, disability or other protected classification.

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
First MI Last

Address \_\_\_\_\_  
Street City State Zip Code

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Are you legally eligible to work in the U.S.?  Yes  No Are you 18 or older?  Yes  No

How did you learn about this opening? \_\_\_\_\_ Have you worked here before?  Yes  No  
If Yes, when? \_\_\_\_\_

Have you been told or shown a copy of the job description listing the essential functions of the job?  Yes  No

If so, can you perform these functions with or without reasonable accommodations?  Yes  No

Are there any hours, shifts or days you are not available to work? \_\_\_\_\_

Shift Preferred (Check all that Apply):  1<sup>st</sup>  2<sup>nd</sup>  No Preference

Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Are you willing to work overtime as required?  Yes  No

Do you have a valid Drivers License?  Yes  No Do you have reliable transportation?  Yes  No

Have you ever been convicted of a crime?  Yes  No (Conviction will not necessarily disqualify an applicant for employment)

If Yes, please explain in detail (Offense, Date, Where) \_\_\_\_\_

Have you ever quit or been discharged from employment for theft or assault?  Yes  No

If Yes, please explain \_\_\_\_\_

EDUCATION	LOCATION NAME, CITY & STATE OF SCHOOL	# OF YEARS ATTENDED	MAJOR	DIPLOMA/ DEGREE
High School				
College/University				
Grad/Prof.				
Other Education/Training, Military, etc.				

In addition to your work history (reverse side), what other experiences, skills or qualifications do you have that would especially qualify you for work with our company? \_\_\_\_\_

POSITIONS APPLIED FOR 1. \_\_\_\_\_ 2. \_\_\_\_\_  
Wage or Salary desired? \$ \_\_\_\_\_ When can you start? \_\_\_\_\_

**List Last Four (4) Employers, Starting With Current or Most Recent Employer. Please Explain All Gaps In Employment.**

**May we contact your Present Employer?**  Yes  No

**PRESENT OR MOST RECENT EMPLOYER**

Company Name:		Telephone Number:
Address:		Name and Title of Supervisor:
Start Date:	Starting Pay: \$	Starting Position:
End Date:	Ending Pay: \$	Position on Leaving:
Description of Duties:		
Reason for Leaving:		

**PREVIOUS EMPLOYER**

Company Name:		Telephone Number:
Address:		Name and Title of Supervisor:
Start Date:	Starting Pay: \$	Starting Position:
End Date:	Ending Pay: \$	Position on Leaving:
Description of Duties:		
Reason for Leaving:		

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Company Name:		Telephone Number:
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Description of Duties:		
Reason for Leaving:		

**APPLICANT'S STATEMENT**

I voluntarily give this Company, or any subsidiary, parent or affiliate, the right to make a thorough investigation of my work history and to verify all data given in my Application for Employment, related papers or oral Interview. I authorize such investigation and the giving and receiving of any such information, and I release from liability all persons, companies, corporations, and institutions supplying such information. I release and hold harmless this Company from and against any and all liability which might result from making such an investigation.

I understand that the falsification of data given or other unfavorable information disclosed as a result of this investigation may prevent me from being hired, or if hired, may subject me to immediate dismissal. I understand that any material misrepresentation or deliberate omission of a fact in my Application may be justification for refusal of employment, or if employed, termination from employment.

I also understand that if I am employed, such employment is for no definite period and that this Company can change wages, benefits and conditions at any time. I understand that no employment contract is being offered. I further understand that my employment can be terminated with or without cause and with or without notice, at any time, at the option of either the Company or myself. No supervisor, manager or executive of the Company, other than the President, has any authority to alter the foregoing.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_