



8174 NC 33 E
 Grimesland, NC 27837
 252-830-2222

Employment Application

To the applicant: We may investigate all the information proved below and contact your previous employers for the purpose of evaluating your application.

Position(s) Applied For		Date Available to Start Work		Date of Application	
Last Name		First Name		Middle Initial	
Street Address		City		State	
				Zip Code	
Telephone Number(s)			Have You Ever Worked With Us Before?		Desired Salary
			Yes No		
Address For Past 3 Years (if different than above)	Street		City		State
					Zip Code
					How Long?
	Street		City		State
					Zip Code
					How Long?

Driver License(s)	State	License Number	Type	Expiration Date

Driving Experience	Please list your experience in the operation of motor vehicles, including type and length of experience on each. Attach additional sheets if necessary

Accident Record For Past 3 Years Attach additional sheets if necessary	Date	Nature of Accident Head-On, Rear-End, Upset, Etc.	Fatalities	Injuries
Last Accident				

Next Previous Accident				
Next Previous Accident				

Traffic Convictions and Forfeitures	Please list all violations of motor vehicle laws or ordinances (other than just for parking) of which you were convicted or forfeited a bond of collateral during the last 3 years			
	Date	Location	Charge	Penalty

Have You Ever Been Denied a License, Permit, or Privilege to Operate a Motor Vehicle?	Yes	No
Has Any License, Permit, or Privilege to Operate a Motor Vehicle Ever Been Suspended or Revoked?	Yes	No

Please explain any **YES** answers here. Attach additional sheets if necessary

Are You At Least 18 Years of Age?	Yes	No	If NO , Can You Provide Required Proof of Your Eligibility to Work?	Yes	No
Are You Currently Employed?	Yes	No	If YES , May We Contact Your Present Employer?	Yes	No
Are You Legally Eligible For Employment In This Country?			Yes	No	
<i>Proof of employment eligibility will be required upon employment</i>					
Are You Able To Travel if the Job Requires It?	Yes	No	Including Overnight Travel?	Yes	No

Have You Ever Been Convicted of a Crime?	Yes	No	<i>Conviction will not necessarily disqualify an applicant from employment</i>
Are There Any Criminal Charges Currently Pending Against You?	Yes	No	
Have You Ever Been Dishonorably Discharged, or Discharged Under "Less Than Honorable" Circumstances from Military Service?	Yes	No	

Please explain any **YES** answers here. Please include dates and details of circumstance(s). Attach additional sheets if necessary

Education	Elementary School	High School	Undergraduate College/University	Graduate Professional
School Name and Location				
Years Completed				
Diploma/Degree				
Course of Study				

Please List Any Specialized Training, Apprenticeships, Skills, Activities, or Honors	
Please List Any Professional, Trade, Business, or Civic Activities and Offices Held. <small>You may exclude memberships which would reveal race, color, religion, gender, national origin, age, disability, or other protected status</small>	
Have You Had Job-Related Military Training with the United States Military?	YES NO
If YES , please describe here, including dates	

References	Please list information for 3 references not related to you and that are not previous employers.
1.	
2.	
3.	

Employment History	<i>Start with your present or most recent job. Include any job-related military service assignment and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, age, disability, or other protected status. Do not write "see resume" in any blank. An incomplete application will not be considered for available positions.</i>		
Employer	Dates Employed From To		Description of Job and Duties
Address			
City, State, Zip	Hourly Rate/Salary Start End		
Job Title	X	X	
Reason For Leaving		Phone Number	May We Contact This Employer? YES NO

Employer	Dates Employed From To		Description of Job and Duties
Address			
City, State, Zip	Hourly Rate/Salary Start End		
Job Title	X	X	
Reason For Leaving		Phone Number	May We Contact This Employer? YES NO

Employer	Dates Employed From To		Description of Job and Duties	
Address				
City, State, Zip	Hourly Rate/Salary Start End			
Job Title	X	X		
Reason For Leaving			Phone Number	May We Contact This Employer? YES NO

Employer	Dates Employed From To		Description of Job and Duties	
Address				
City, State, Zip	Hourly Rate/Salary Start End			
Job Title	X	X		
Reason For Leaving			Phone Number	May We Contact This Employer? YES NO

Please describe any additional information that you feel may be helpful to use in our evaluation and consideration of your application.

I declare that the information provided by me is complete and true. I am aware that any misrepresentation, omission of, or discrepancy in facts may preclude an offer of employment, result in withdrawal of an employment offer, or result in separation from employment.

Applicant Signature: _____

Printed Name Signed Above: _____

Date: _____