

Application For Employment



107 J Creek Ridge Rd.
Greensboro, NC 27406

We are an Equal Opportunity Employer and committed to excellence through diversity.

Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

Personal Information

Name

Address	City	State	Zip
Phone number	Email address		
Are you legally eligible to work in the US? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Position

Position you are applying for	Available start date	Desired pay
Employment desired <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal/Temporary		

Education

School name	Location	Years attended	Degree received	Major

References (business and professional only)

Name	Title	Company	Phone

Employment History - Current to Past

Employer (1)	Job title		Dates employed
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip
Employer (2)	Job title		Dates employed
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip
Employer (3)	Job title		Dates employed
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip
Employer (4)	Job Title		Dates employed
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip
Employer (5)	Job title		Dates employed
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip

Signature Disclaimer

I certify that my answers are true and complete to the best of my knowledge.
 If this application leads to employment, I understand that false or misleading information in my application or interview may result in my employment being terminated.

Name (please print)	Signature
Date	



NORTH CAROLINA
DIVISION OF MOTOR VEHICLES
DRIVER LICENSE SECTION



Driver Privacy Protection Act Authorization
To Disclose Personal Information Form DL-DPPA-2

I understand that personal information contained in my Motor Vehicle Record is protected by the federal Driver Privacy Protection Act and N.C. General Statute 20-43.1. I hereby authorize the release of my personal information to the person named below.

Print your full name as it appears on your driver license

Your signature (MUST BE SIGNED)

Your N.C. driver license number, SSN or ITIN & date of birth

Date signed

Person to receive information: _____
Melissa Bentley - Cardinal Aire, Inc.

Email address: _____
mbentley@cardinal-aire.com

***This form is used for Cardinal Aire and its insurance provider to check driving records for potential employment.

***This form is used for Cardinal Aire and its insurance provider to check driving records for employees yearly.

Form DL-DPPA-2, Revised May 2018
Previous editions are obsolete, DO NOT USE