



1025 Outlet Center Drive, Suite F-5, Smithfield, North Carolina 27577

APPLICATION FOR EMPLOYMENT

Barbecue Provision Company, LLC
IS AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

POSITION APPLYING FOR		DATE YOU CAN START	DESIRED SALARY	
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF SO, MAY WE CONTACT YOUR EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME (LAST NAME, FIRST NAME)			SOCIAL SECURITY NO.	
PRESENT ADDRESS		CITY	STATE	ZIP CODE
PERMANENT ADDRESS		CITY	STATE	ZIP CODE
HOME PHONE NO. () ()	CELL NO. () ()	REFERRED BY		

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL		YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
ELEMENTARY SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK



FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

HAVE YOU EVER BEEN CHARGED WITH OR CONVICTED OF A FELONY?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
DO YOU SMOKE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
DO YOU NOW OR HAVE YOU EVER ABUSED PRESCRIPTION OR ILLEGAL DRUGS ?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ARE YOU ABLE TO WORK WEEKENDS ?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ARE YOU ABLE TO WORK EVENINGS ?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ARE YOU ABLE TO WORK HOLIDAYS ?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
PERSON WHO DOES NOT LIVE IN YOUR HOME TO CONTACT IN CASE OF A MEDICAL EMERGENCY:		

REASON FOR LEAVING LAST JOB OR PRESENT CHANGE?



REFERENCES GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS KNOWN

AUTHORIZATION

“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 of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

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

SIGNATURE: _____ DATE: _____

INTERVIEWED BY: _____ DATE: _____