



4130 Oleander Dr. St. 100  
P.O. Box 15511  
Wilmington, NC  
Phone: (910) 794-3929  
Fax: (910) 798-2303

**APPLICATION FOR EMPLOYMENT**

**Please Print**

Date: \_\_\_\_\_

PERSONAL

Name: \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Present Address : \_\_\_\_\_  
No. Street City State Zip

Previous Address: \_\_\_\_\_

Are you 18 years of age or over? Yes No Phone No. \_\_\_\_ (\_\_\_\_) \_\_\_\_\_ :

Are you a U.S. citizen? Yes  No

Do you have a valid operator's (driver's) license? Yes  No

If yes, license number and state \_\_\_\_\_

How did you learn about our company? \_\_\_\_\_

Have you ever had a criminal conviction? Yes or No (circle one) If yes, explain:  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a traffic violation: Yes or No (circle one) If yes, explain:  
\_\_\_\_\_  
\_\_\_\_\_

EMERGENCY CONTACT

In case of an emergency notify: Name: \_\_\_\_\_

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

Phone: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

MILITARY SERVICE RECORD

Have you ever serviced in the Armed Forces? Yes  No

If yes, what branch? \_\_\_\_\_

Dates of duty: From: \_\_\_\_\_ To: \_\_\_\_\_

List of Duties: \_\_\_\_\_



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Present Membership in National Guard or Reserves: Yes  No

EMPLOYMENT DESIRED

Position: \_\_\_\_\_ Date you can start: \_\_\_\_\_ Salary desired: \_\_\_\_\_

Type of Employment Desired: Part-time  Full-time  Temporary   
 Day  Evenings  Weekends

Were you previously employed by us? Yes  No  If yes, when? \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

EDUCATION	Name and Location of School	No. of Years Attended	Date of Graduation (month/day/year)	Course Or Major
High School				
College				
Other Education				

List fields of work for which you are licensed, registered or certified:

State: \_\_\_\_\_ Licensure/Certificate Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

State: \_\_\_\_\_ Licensure/Certificate Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Additional Trainings and/or Skills: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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EMPLOYMENT HISTORY

List your record of employment beginning with your present or most recent position.

Dates From To (month/day/year)	Name and Address of Employer	Position	Supervisor's Name and Title	Reason for Leaving

Describe the work you did:

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Dates From To (month/day/year)	Name and Address of Employer	Position	Supervisor's Name and Title	Reason for Leaving

Describe the work you did:

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Dates From To (month/day/year)	Name and Address of Employer	Position	Supervisor's Name and Title	Reason for Leaving

Describe the work you did:

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May we contact the employers listed above? Yes  No  If not, indicate which one(s) you do not wish us to contact.



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If hired and you are under 18 years of age, we will require, prior to starting work, an Age Certificate or Work Permit issued through the local school district.

**THREE (3) REFERENCES: List Name, Contact Numbers, Relationship and Years**

Name: \_\_\_\_\_ Number: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Name: \_\_\_\_\_ Number: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Name: \_\_\_\_\_ Number: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

How long have you lived in North Carolina? \_\_\_\_\_.

If less than 5 years, please provide all previous addresses for the past 5 years:

Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
Address 3: \_\_\_\_\_  
Address 4: \_\_\_\_\_  
Address 5: \_\_\_\_\_

I certify that I have given true, accurate and complete information on this form and the application for employment to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize education institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications. (Authority: G.S. 126-30, G.S. 140122.1).

**SIGNATURE AND DATE**

\_\_\_\_\_  
Printed Name of Applicant:

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

\_\_\_\_\_  
Date