

Carolina Pick-N-Pull

Application for Employment

Date: _____

Candidate's Name: _____ Telephone Number: _____

Address: _____ Email Address: _____

Are you 18 years of age or older? Yes No
 Are you either a U.S. citizen or an alien authorized to work in the U.S.? Yes No

Have you ever worked or attended school under another name? Yes No If so, under what name? _____

Position Desired

Start date available: _____

Position: _____ Wage rate desired: \$ _____ Hourly Monthly Annually

Do you prefer: Full-time Part-time If part-time, hours per week desired: _____ Hours you are available to work: _____

Days of week you are available to work: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Are you able to work: Weekends Holidays Nights Overtime Short Notice

Have you previously worked for Carolina Pick-N-Pull? Yes No

Dates of employment from _____ to _____ Reason(s) for leaving: _____

Former supervisor(s) at this company: _____

How did you learn about this opening? _____ If referred, who referred you? _____

Education

High School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	Course of Study:
Technical School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	Course of Study:
College/University:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	Course of Study:
Other education, training or special skills (include tools and equipment):		

Skills

Are you experienced in using personal computers? Yes No If yes: PC Mac Typing speed (WPM): _____ Not Applicable

Please list any software packages you have experience with below. Not Applicable

Work Experience

Please list all previous employment, beginning with the most recent. If you need more room, you may attach another sheet of paper.

Employer:	Address:		
From	To	Position Held:	Reason for Leaving:
Supervisor's Name & Title:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Description of Duties:			

Employer:		Address:	
From	To	Position Held:	Reason for Leaving:
Supervisor's Name & Title:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Description of Duties:			

Do you have any felony or misdemeanor convictions other than traffic violations? Yes No If yes, give dates and details below.

References

Identify three persons who know your work, beginning with the most recent.

Name: _____ Phone Number: _____ Email: _____

Address or Company Location: _____

Position or Title: _____ Years Known: _____ Supervisor: Yes No

Name: _____ Phone Number: _____ Email: _____

Address or Company Location: _____

Position or Title: _____ Years Known: _____ Supervisor: Yes No

Name: _____ Phone Number: _____ Email: _____

Address or Company Location: _____

Position or Title: _____ Years Known: _____ Supervisor: Yes No

Any comments or questions?

AUTHORIZATION AND ACKNOWLEDGEMENTS

I affirm that the information I have provided in this application is true to the best of my knowledge, information and belief, and I have not knowingly withheld any information requested. I understand that withholding or misstating any information requested in this application is grounds for rejection of my application, and that providing false or misleading information in this application is grounds for discharge.

I authorize the company to verify my references, record of employment, education record, and any other information I have provided. Unless otherwise noted, I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons and entities, from any and all claims, demands or liabilities arising out of or in any way related to such inquiry or disclosure.

I also understand that as a prerequisite to being employed by Carolina Pick-N-Pull I will be required to take a drug screening test by way of urinalysis or blood analysis performed by a physician designated by Carolina Pick-N-Pull. Employment is contingent upon the drug screening analysis revealing that I am drug free.

ACKNOWLEDGEMENT OF PROBATIONARY PERIOD

This is to certify that I am aware that if I am made an offer of employment and accept, for the first ninety (90) working days of my employment, I will be working for Carolina Pick-N-Pull in a probationary capacity. During this ninety (90) day probationary period, all facets of my work will be under evaluation including attendance, conduct and competence. The areas of competence that I will be rated on include judgment, organization and planning, initiative, flexibility, work standard, cooperation and technical knowledge. I am aware that I will be eligible to receive Worker's Compensation Insurance and that there are waiting periods for certain other benefits such as group insurance. I also understand that in the event of a Worker's Compensation claim involving lost time, I may be required to perform another job within the work restrictions outlined by Carolina Pick-N-Pull's doctor.

I also agree that Carolina Pick-N-Pull will not be held for any expenses incurred by me which are related to my employment with Carolina Pick-N-Pull should I be terminated for unsatisfactory performance during the probationary period.

Candidate's Signature

Date

Reviewed By Signature

Date