

E.P Gates Construction Colonial Hardware

Graham Soda Shop Farm Services

336-229-4225 phone

336-229-9947 fax

PERSONAL INFORMATION

DATE / /

Name (Last)	First	(Middle)	Social Security No.
Home Address		City	State Zip
Home Telephone ()	Business Telephone ()	May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Position Applying For	Date Available / /	Are you interested in (check all that apply) <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer	
Days and hours available.			
Day	Mon	Tues	Wed
	Thurs	Fri	Sat
	Sun		
From			
To			
How were you referred			

Date of Birth

EDUCATION

Type of School	Name and Location of School	Degree/Area of Study	Number of Years Attended	Graduated (Check One)
High School	Name Address			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City State Zip			
College	Name Address			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City State Zip			
Graduate School	Name Address			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City State Zip			
Other	Name Address			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City State Zip			

U.S. MILITARY SERVICE

Branch of Service	Technical Specialization	Rank Attained

LEGAL

Are you a U.S. citizen or do you have a legal right & necessary documents to work in the U.S.? Yes No
(Identity and employment eligibility of all new hires will be verified as required by the Immigration Reform and Control Act of 1986.)

Were you ever discharged by any company? Yes No. If yes, give name of company(ies) _____

Reason for discharge _____

Have you ever been convicted of a crime other than a minor traffic violation? (Note: You are not obligated to discuss sealed or expunged records of conviction or arrest nor will such information be asked of you or considered in employment decisions.) The existence of a criminal record will not automatically disqualify you from the job for which you are applying. Yes No. If yes, please explain offense and final disposition: _____



W243

(CONTINUED ON BACK)

EMPLOYMENT HISTORY

List employment starting with your most recent position. Account for any time during this period that you were unemployed by stating the nature of your activities. May we contact your present employer? Yes No Past employer? Yes No Please indicate if you were employed under a different name.

DATES	NAME AND ADDRESS OF EMPLOYER	POSITION HELD AND SUPERVISOR	LIST MAJOR DUTIES	SALARY OR WAGES	REASON FOR LEAVING
From: _____ / _____ mo. yr.	Name _____ Address _____ City _____	Your Job Title _____		Starting _____	
To: _____ / _____ mo. yr.	State _____ Phone _____ () _____	Supervisor _____		Final _____	
From: _____ / _____ mo. yr.	Name _____ Address _____ City _____	Your Job Title _____		Starting _____	
To: _____ / _____ mo. yr.	State _____ Phone _____ () _____	Supervisor _____		Final _____	
From: _____ / _____ mo. yr.	Name _____ Address _____ City _____	Your Job Title _____		Starting _____	
To: _____ / _____ mo. yr.	State _____ Phone _____ () _____	Supervisor _____		Final _____	
From: _____ / _____ mo. yr.	Name _____ Address _____ City _____	Your Job Title _____		Starting _____	
To: _____ / _____ mo. yr.	State _____ Phone _____ () _____	Supervisor _____		Final _____	

Have you previously worked for us? Yes No

Name _____ Location _____

City & State _____ Position Held _____

Supervisor _____ Dates Employed: From _____ To: _____

Reason for leaving _____

REFERENCES

Business references: (do not list relatives) (please indicate if you were employed under a different name)

Name	Address	Work Phone No.	Title	Years Known
		()		
		()		
		()		

PLEASE READ CAREFULLY

I understand that, with my authorization, an investigation may be made whereby information is obtained regarding my character, previous employment, general reputation, educational background, credit record and/or criminal history, subject to applicable federal, state and/or local laws.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate dismissal. I understand, also, that I am required to abide by all rules and regulations of this company.

I understand and agree that if employed, the employment will be "at will". That is, either I or Company may end the employment relationship at any time, for any reason, or for no reason. I understand that receipt of this application by Company does not imply employment and that this application and/or any other Company documents are not contracts of employment.

APPLICANT'S SIGNATURE

DATE SIGNED