



## Job Application Form

### Personal Information

First Name \*

Middle Name

Last Name \*

Email Address \*

Phone Number \*

Street Address \*

City \*

State \*

Zip Code \*

Are you over the age of 18?

- ☐ Yes  
☐ No

Do you consent to take a drug test?

- ☐ Yes  
☐ No

Have you been convicted of a felony in the past 10 years? If "yes", describe in full:

Referred By

### Employment Desired

Position

Available Start Date

Salary Desired

Location

- ☐ Goldsboro, NC - East Ash St.  
☐ Goldsboro, NC - Landmark Dr.  
☐ Greenville, NC  
☐ Jacksonville, NC - Bell Fork Rd.  
☐ Jacksonville, NC - Lejeune Blvd.  
☐ New Bern, NC  
☐ Rocky Mount, NC  
☐ Wilmington, NC

Applying For

- ☐ Full-Time  
☐ Part-Time  
☐ Full-Time or Part-Time

Are you legally eligible to work in the U.S.?

- ☐ Yes  
☐ No

Have you previously been employed here?

- ☐ Yes  
☐ No

If "yes", where and when?

Are you currently employed?

- ☐ Yes  
☐ No

If "yes", may we inquire of your present employer?

- ☐ Yes  
☐ No

## Education

### High School

School Name

City

State

Years Completed

Did you graduate?

- ☐ Yes  
☐ No

### College

School Name

City

State

Years Completed

Did you graduate?

- ☐ Yes  
☐ No

Degree/G.P.A.

Other training, certifications, or licenses held

## Work Experience

Employer Name

Location

Phone

Position

Dates of Employment

Supervisor

Job Responsibilities

Reason for Leaving

May we contact this employer?

- ☐ Yes  
☐ No

Employer Name

Location

Phone

Position

Dates of Employment

Supervisor

Job Responsibilities

Reason for Leaving

May we contact this employer?

- ☐ Yes  
☐ No

Employer Name

Location

Phone

Position

Dates of Employment

Supervisor

Job Responsibilities

Reason for Leaving

May we contact this employer?

- ☐ Yes  
☐ No

## Military Experience

Have you served in the U.S. Armed Forces?

- ☐ Yes  
☐ No

If so, which branch?

## References

|             |             |             |
|-------------|-------------|-------------|
| Name        | Name        | Name        |
| <div></div> | <div></div> | <div></div> |
| Title       | Title       | Title       |
| <div></div> | <div></div> | <div></div> |
| Company     | Company     | Company     |
| <div></div> | <div></div> | <div></div> |
| Phone       | Phone       | Phone       |
| <div></div> | <div></div> | <div></div> |

## Authorization

I authorize any investigator, special agent, or other duly appointed representative of my prospective employer/employer conducting my background investigation, to obtain information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for employment. I understand that, for any financial or lending institutions, medical institutions, hospitals, health care professionals, or other sources of information, when a separate specific release may be necessary, I will be contacted for such a release at a later date. I authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly authorized representative of my prospective employer/employer regardless of any previous agreements to the contrary. I understand that the information released by records custodians and sources of information is for official use by my employer/prospective employer only for the purposes provided. Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with my employer/prospective employer, whichever is sooner. I understand that from time to time during the course of my employment, periodic criminal inquiries may be conducted. As part of my employee/ employer work agreement, I understand that if I am convicted of any felony during my tenure of employment, whether employment related or not, I am required to disclose that fact to a designated human resources representative. I realize that although a felony conviction alone will not necessarily be grounds to subject me to adverse employment action, the timely failure to disclose the existence of such a conviction shall be grounds for my immediate dismissal. **Consent and Release Information**

☐ I have read, and agree to this statement