



NC License #27438

25 Crest View Road, Burnsville, NC 28714

Phone: 828-682-7714 Fax: 828-682-4145

Application for Employment

An Equal Opportunity Employer

Position Applying For (Please check one): CDL Driver () Equipment Operator () Laborer () Other ()

Applicant Note: If you need assistance in completing this form or for any phase of the employment process, please notify the person that issued you this form. This application form is intended for use in assisting us in evaluating your qualifications for employment. This is not an employment contract. Please PRINT all answers truthfully and completely. Any person found to have intentionally misrepresented or omitted any material fact here-in, will automatically be disqualified from any further consideration for employment. All qualified applicants will receive consideration for employment without discrimination based on race, age, sex (including pregnancy), religion, national origin, physical or mental disability, genetic information, sexual orientation, gender identity, or any other state, local, or federal protected classification. A prior felony conviction may disqualify you from employment. Affirmative action hiring data may be requested by qualified applicants. Additional testing of skills directly related to essential job functions and testing for the presence of drugs and alcohol in your body will be required prior to beginning employment. Note: New hires are subject to E-verify of work status.

Name: _____ Date: _____

Current Address: _____

How long resided at current address? _____ City _____ State _____ Zip Code _____

Previous Address: _____

Phone/Email: _____ Alternate Phone: _____

Social Security No.: _____ Driver's License No. _____

Type License _____ State _____ Class _____ Endorsement(s) _____ Restriction(s) _____

Date of Birth: _____ (Required for Commercial Drivers)

Do you have the legal right to work in the United States? Yes () No () Check one: ☐ US/Naturalized Citizen

☐ Permanent Residence Alien No. A _____ ☐ Authorized Work Alien No. A _____

Have you applied to this company before? Yes () No () If yes, when and for what position? _____

Position applying for _____ Salary desired _____ Full-time () Part-Time () Temporary ()

Are you able to perform the essential functions of the job for which you are applying with/without reasonable accommodation Yes ☐ No ☐ _____

Date available to start _____ Available to work: weekdays () weekends () nights () overtime () other ()

How did you learn about this job opening? (or referred by) _____

Are you currently employed? Yes () No () Reason for leaving current or last employer? _____

EDUCATION	High School	College/ University/Technical	Graduate/Professional
School Name/Location			
Years/Credit Hours Completed	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree	Diploma GED		
Course of Study			
Other Certifications			

Employment History

Prospective drivers must provide previous employment history for preceding 10 years. Enter in reverse order with most recent previous/current employer first. Attach additional sheets as necessary.

Employer Name	From Mo. Yr.	To Mo. Yr.
Address	Position Held	
City State Zip		
Contact Person Phone Number	Reason for Leaving or Currently Employed	
Operated Vehicle Requiring CDL Yes () No () List vehicle type or heavy equipment operated:		

Employer Name	From Mo. Yr.	To Mo. Yr.
Address	Position Held	
City State Zip		
Contact Person Phone Number	Reason for Leaving	
Operated Vehicle Requiring CDL Yes () No () List vehicle type or heavy equipment operated:		

Employer Name	From Mo. Yr.	To Mo. Yr.
Address	Position Held	
City State Zip		
Contact Person Phone Number	Reason for Leaving or Currently Employed	
Operated Vehicle Requiring CDL Yes () No () List vehicle type or heavy equipment operated:		

Business References

(Include only individuals familiar with your work ability. Do not list relatives)

Name	Address	Phone	Years Known	Relationship	Occupation

Personal References

(Include only those individuals whom you have known for at least one year. Please do not list relatives.)

Name	Address	Phone	Years Known	Relationship	Occupation

Have you ever been bonded? Yes () No ()

Have you used any names or Social Security numbers other than those you have listed? Yes () No ()

If yes, please list _____

Have you been convicted of a felony and/or served time in the past (7) years that has not been expunged from your record? Yes () No ()
If yes, please explain fully on attached sheet of paper. (A conviction is not an automatic bar to employment.)

Have you held a license in another state? Yes () No () If yes, list all states and license numbers: _____

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes () No ()
If yes, please detail _____

Have you ever had any license, permit, or privilege been suspended, revoked, or canceled? Yes () No ()
If yes, please detail _____

Have you received any notice that your license will be suspended or revoked in near future? Yes () No ()

Accident Record (Record all dates for last 3 years)	Nature/Type/Description of Accident (Head-on, Rear-end, turnover, etc.)	Fatalities	Injuries
Recent			
Previous			
Previous			

Traffic Convictions (record all convictions and forfeitures for last 3 years)	Date	Charge	Penalty
Location			
Location			
Location			

Please detail any other information that you would like to relate in reference to this employment application:
(Special skills, equipment operated, additional schooling, other experience, etc.)

CERTIFICATION RELEASE

“I certify that I have read and understand the applicant note on the front page of this application and that all answers given by me herein are true and correct to the best of my knowledge and belief. I hereby authorize the company, its agents and servants, and any credit reporting agency to verify any information set forth herein including, but not limited to my criminal history and motor vehicle driving record. I further authorize all persons, schools, former employers and law enforcement agencies to release such information as the company may request concerning my past and to hereby release such person, school, former employer and law enforcement agencies from any liability or damages which may result therefrom. I understand that the use of illegal drugs is prohibited during my employment and do hereby submit to drug testing by or at the direction of the company to detect the presence or absence of drugs in my body, both prior to and during my employment therewith. I acknowledge that any misrepresentations or omissions in this application will be grounds for termination.”

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Signature: _____ Date: _____