



- GOLDSBORO
- MOUNT OLIVE
- KINSTON
- MOREHEAD CITY
- FAYETTEVILLE

EXPERIENCE

| DATES EMPLOYED | EMPLOYER'S NAME & ADDRESS | PHONE NUMBER | SALARY POSITION | BEG | END | REASON FOR LEAVING |
|-------------------|---------------------------|--------------|-----------------|--------|-------|-----------------------|
| 1. _____ to _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| | Supervisor: _____ | | | | | May we contact? _____ |
| 2. _____ to _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| | Supervisor: _____ | | | | | May we contact? _____ |
| 3. _____ to _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| | Supervisor: _____ | | | | | May we contact? _____ |
| 4. _____ to _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| | Supervisor: _____ | | | | | May we contact? _____ |
| Military Service? | | | | | | |
| _____ to _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| | US Military Branch | Highest Rank | Duty Specialty | Salary | | |

CHECK THE KINDS OF WORK IN WHICH YOU HAVE HAD EXPERIENCE

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Data Processing | <input type="checkbox"/> Truck Driving | <input type="checkbox"/> Building Material Sales |
| <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Office Practices | <input type="checkbox"/> Forklift Operator | <input type="checkbox"/> Inside Sales |
| <input type="checkbox"/> Cashier | <input type="checkbox"/> Building Material Management | <input type="checkbox"/> Yard | <input type="checkbox"/> Outside Sales |
| <input type="checkbox"/> Credit & Collections | <input type="checkbox"/> Building Material Purchasing | <input type="checkbox"/> Warehouse | <input type="checkbox"/> Management |

LIST THE OFFICE SKILLS AND/OR PLANT AND SHOP MACHINES YOU ARE QUALIFIED TO OPERATE:

VEHICLE EXPERIENCE (Answer this section only if you are applying as a driver or vehicle operator)

Do you have your Commercial Driver's License (CDL)? _____

Driver's License Number _____

State Licensed In _____

Expiration Date _____

How many convictions for moving violation within the past 3 years? _____

Check the types of vehicles you are qualified, through experience, to operate

Passenger Car Light Truck Heavy Truck or Tractor

Other _____

Do we have permission to get a Motor Vehicle Report for Driving Record? _____

EMPLOYMENT QUESTIONS

- DO YOU APPROVE A COMPLETE BACKGROUND CHECK? Yes No (Circle One)
- WILL YOU AGREE TO TAKE RANDOM DRUG TESTS IF EMPLOYED? Yes No (Circle One)
- ARE YOU WILLING TO TAKE A DRUG SCREENING TEST AT OUR EXPENSE? Yes No (Circle One)
- HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? Yes No (Circle One) If Yes, Where _____ When _____
1. I authorize investigation of all statement contained in the application.
 2. I understand that misrepresentation or omission of facts called for is cause for dismissal and that my employment is substantially dependent on truthful answers to the foregoing inquiries.
 3. I have read these statements and answers to these inquiries.

Signature of Applicant

Date of Application

***** DO NOT WRITE BELOW THIS LINE --- EMPLOYER'S USE ONLY *****

1. _____

2. _____

3. _____

4. _____