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Application for Employment
 (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION TODAY'S DATE _____

NAME _____ SOCIAL SECURITY NUMBER _____

PRESENT ADDRESS _____

PERMANENT ADDRESS _____

PHONE NUMBER _____ ARE YOU 18 OR OLDER? _____

DO YOU HAVE A VALID DRIVERS LICENSE? _____ DRIVERS LICENSE NUMBER _____

DRIVERS LICENSE ISSUE DATE _____ DRIVERS LICENSE EXPIRATION DATE _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

STATUS OF ORIGIN the Immigration Reform and control act of 1988 requires all new employees to answer the following questions:

ARE YOU A US CITIZEN? _____ ARE YOU AN ALIEN LAWFULLY AUTHORIZED TO WORK IN THE US? _____
 (A form must be completed to certify eligibility for employment)

EMAIL ADDRESS: _____

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW? _____ IF SO, MAY WE INQUIRE WITH YOUR PRESENT EMPLOYER? _____

HAVE YOU APPLIED WITH THIS COMPANY BEFORE? NO

| EDUCATION | NAME AND LOCATION OF SCHOOL | YEARS ATTENDED | DID YOU GRADUATE | AREA OF STUDY |
|----------------------------------|-----------------------------|----------------|------------------|---------------|
| GRAMMAR SCHOOL | | | | |
| HIGH SCHOOL | | | | |
| COLLEGE | | | | |
| TRADE BUSINESS OR CORRESPONDENCE | | | | |

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

U.S. MILITARY OR NAVAL SERVICE _____ RANK _____

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES ACTIVITIES _____

FORMER EMPLOYERS

(LIST BELOW LAST EMPLOYERS, STARTING WITH THE MOST RECENT)

| DATE MONTH AND YEAR | NAME AND ADDRESS OF EMPLOYER | SALARY | POSITION | REASON FOR LEAVING |
|------------------------------|---------------------------------|--------|----------|-----------------------|
| FROM TO | | | | |
| FROM TO | | | | |
| FROM TO | | | | |
| FROM TO | | | | |

REFERENCES:

GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

| NAME | ADDRESS | BUSINESS | YEARS ACQUAINTED |
|------|---------|----------|------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

PHYSICAL RECORD:

| |
|---|
| DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? |
| IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION? |
| PLEASE DESCRIBE: |
| IN CASE OF EMERGENCY, NOTIFY |
| NAME ADDRESS PHONE NUMBER |

ACKNOWLEDGEMENT

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING THIS INFORMATION TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE.

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

DATE: _____

SIGNATURE: _____

This form has been designated to strictly comply with State and federal fair employment practice laws prohibiting employment discrimination.