



APPLICATION FOR EMPLOYMENT

Personal Information

Full Name: _____
Last First Middle Name

Address: _____
Street Apartment/Unit #

City State ZIP Code

Home Phone: (_____) _____ Mobile Phone: (_____) _____

E-mail Address: _____

Are you eligible to work in the United States? Yes No Are you 18 years of age or older? ? Yes No

Have you been convicted of a felony? Include any plea of 'Guilty' or 'No Contest'. Exclude juvenile offenses and minor traffic violations (a conviction will not automatically disqualify an applicant for employment). Yes No

Do you have a valid Driver's License? Yes No

Job Information

Position applying for: _____ How many hours per week are you able to work? _____

Are you available to work nights, weekends, and/or holidays? Yes No

Are you available to travel? Yes No

Are you willing to relocate? Yes No

Have you ever applied here before? Yes No

Have you ever been employed here before? Yes No

Are any relatives currently employed here? Yes No

Position desired: _____

Are you able to perform the essential functions of the job you are applying for? If no, what accommodations would assist you? Yes No if no specify: _____

Earnings desired: _____

What is your available start date? ____/____/____ (mm/dd/yyyy)

Applicant's Last Name, First Name: _____

Education, Professional Licenses, Certifications & Skills

High School/ GED: Yes No Years: _____ - _____ Degree: _____

Trade School/Junior College: Years: _____ - _____ Degree: _____

College/University: Years: _____ - _____ Degree: _____

Apprenticeship/Training/Certificate(s) & Licenses & Dates:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Computer Skills: MS Word Excel PowerPoint other software: _____ No

Language Skills: (List written and spoken language(s) and level of ability: low, medium, high): _____

Emergency Contact Information

Full Name: _____
Last First Middle Name

Address: _____
Street Apartment/Unit #

_____ *City State ZIP Code*

Home Phone: ____ (____) _____ Mobile Phone: ____ (____) _____

Relationship: _____

Applicant's Last Name, First Name: _____

Work History for the last 10 years, starting with recent employment

Employer: _____ Position Title: _____

Address: _____

Supervisor: _____ Phone: (_____) _____

Dates of employment – From: ____/____/____ To: ____/____/____ (mm/dd/yyyy)

Duties & Responsibilities: _____

Reason for leaving: _____

May we contact this employer? Yes No

Employer: _____ Position Title: _____

Address: _____

Supervisor: _____ Phone: ____ (____) _____

Dates of employment – From: ____/____/____ To: ____/____/____ (mm/dd/yyyy)

Duties & Responsibilities: _____

Reason for leaving: _____

May we contact this employer? Yes No

Employer: _____ Position Title: _____

Address: _____

Supervisor: _____ Phone: ____ (____) _____

Dates of employment – From: ____/____/____ To: ____/____/____ (mm/dd/yyyy)

Duties & Responsibilities: _____

Reason for leaving: _____

May we contact this employer? Yes No

Applicant's Last Name, First Name: _____

References (do not include family members or people who live with you)

Name	Address	Phone Number	Occupation	Years Acquainted

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Cape Fear Flooring & Restoration to verify their accuracy and to obtain reference information on my work performance. I hereby release TBG from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and **at will** and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Signature of Applicant _____ Date: _____

Applicant's Last Name, First Name: _____

READ CAREFULLY BEFORE SIGNING

COMPANY STATEMENT:

We are an equal opportunity employer. No question on this application is asked for the purpose of limiting or excluding any applicant from consideration of employment because of his or her race, color, religion, age, sex, national origin, status, or physical or mental disability that can be reasonably accommodated.

APPLICANT'S STATEMENT:

I understand that the Company requires certain information about me to evaluate my qualifications for employment and to conduct business if I become an employee. I further understand that any misinterpretation, or false, incomplete, or misleading statement, on this application, may be considered cause not to hire, or for dismissal, if and when discovered. I understand that the submission of this application does not mean there are any positions available and in no way obligates the Company to hire me.

In consideration of my potential employment, I agree to conform to rules and policies of the Company. Such rules and policies do not form a contract and will be amended and modified as necessary, at the Company's discretion.

I understand that employment, if offered, is subject to my satisfying the employment eligibility requirements of the Immigration Reform and Control Act of 1986.

I understand that either the Company or I may terminate my employment at any time with or without notice and with or without cause, and that the Company does not guarantee that any position be continued for any length of time or that any assignment or shift be permanent. I also understand that no one other than the President of the Company has the authority to enter into any agreement for employment for any specified period of time.

I understand that the Company will attempt to verify statements made on my application and made during any employment interview.

Applicant Signature

Date

AUTHORIZATION TO RELEASE EMPLOYMENT AND EDUCATION REFERENCE INFORMATION

I authorize my previous employer and educational institutions to verify information given on this application and during the interview process.

I agree to hold such employers, references, educational/training institutions and any other persons giving references harmless from liability or damages for providing the requested information.

A photocopy or fax of this authorization shall be as valid as the original.

Please initial in the appropriate space Yes _____ No _____

Applicant Signature

Date

Applicant's Last Name, First Name: _____

CONSENT TO PHYSICAL EVALUATION

In connection with my Application for Employment with Cape Fear Flooring & Restoration, I, _____ hereby agree to the following:

1. I recognize that my position may require a significant amount of strenuous physical activity. I understand that a physical examination is necessary to assess my fitness level for the requisite functions of the job. In consideration for my own safety and the safety of my colleagues, I give my consent for the Company to conduct any physical examinations it considers appropriate.
2. I consent to a pre-employment physical evaluation and fully understand that my being hired is contingent upon successful completion of this job-related evaluation. I fully understand that such physical evaluations include medical screening and testing for drug and/or alcohol abuse, and will be at the Company's expense.
3. I retain the right to ask questions at my physical examination, and I retain the right to receive a copy of the written evaluation concerning my fitness to perform the essential functions of my job. I retain the right to stop the physical examination at any point, but with an understanding that such an act may jeopardize the status of my employment.
4. I authorize medical personnel retained by the Company to perform the physical examination to release the results to the Company. Further, I release the medical personnel conducting the examination, the Company, and the Company's employees, directors, and officers, from any liability, claims, and causes of action, known and unknown, that may result from any such physical examination. I agree not to file any lawsuit or other actions to assert any such claim.
5. I have read and understood this Physical Evaluation Consent and I execute same of my own free will, without any coercion or duress by any individual or institution.
6. I agree to sign this necessary consent in order that the Company may complete its evaluation of my present physical condition, suitability for employment, and correct job placement. I also understand that this is not a diagnostic evaluation.

A photocopy or fax of this authorization shall be as valid as the original.

Please initial in the appropriate space Yes _____ No _____

Applicant Signature

Date