



POST OFFICE BOX 209 - PEACHLAND - NORTH CAROLINA 28133
 100 EFIRD CIRCLE - POLKTON - NORTH CAROLINA 28135
 (704) 272-7646 - www.Process-Mechanical.com

Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

We desire to conduct business with the highest possible degree of safety and efficiency. If you are extended an offer of employment, it will be contingent upon successful completion of a drug screening test, reference checks, and a background investigation. Please complete and sign the attached Notification and Release. The information provided will not be used in any way to evaluate your qualifications for the position you are seeking.

PERSONAL INFORMATION Complete all blanks. Incomplete applications will not be considered.			
Name (Last, First, Middle):		Social Security Number	
		— —	
Address:	City:	State:	ZIP:
Home Phone:	Business Phone:	Other:	

EMPLOYMENT INFORMATION		
Position(s) Applied For:	Date of Application:	
Work Availability:		
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Summer Only <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends <input type="checkbox"/> Any Shift		
Date you can start:	Current Salary:	Salary Desired:
	\$ per	\$ per

GENERAL INFORMATION Complete all blanks. Incomplete applications will not be considered.	
Have you ever been employed with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No Dates _____	Can you furnish proof of eligibility to work in the U.S? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you under age 18? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, you will be required to submit proof of age and a youth employment certificate.)	Do you have a dependable means of transportation to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

BACKGROUND INFORMATION

Giving false or incomplete information will be considered sufficient cause for denial of employment or immediate dismissal.

Have you ever been convicted of any law violation? Yes No
 (If yes, list particulars. Include any plea of guilty or no contest. Include DWI/DUI violations. This will not necessarily disqualify an applicant from employment.)

Do you have a valid driver's license? Yes No
 Driver's license #: _____ Class: _____ State: _____

Have you had your license suspended or revoked within the last seven years? Yes No
 (If yes, please explain.)

EDUCATION AND SKILLS

Name of School	Location (City and State)	# of years completed	Graduate Yes/No	Type of Degree achieved	Major/Program
High School					
Technical School					
College					
Graduate School					
Other					

Additional job-related seminars, short courses or workshops:

SPECIAL SKILLS, ADDITIONAL INFORMATION

Special skills or training not listed above:

MILITARY STATUS		
Branch:	Dates of Service: From	To
Duties:		Special schools and/or special training:
Reserve Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> No Obligation		
<input type="checkbox"/> National Guard		

EMPLOYMENT HISTORY		
All sections must be completed. List former employers starting with current or most recent one first. Explain breaks in employment.		
Present or Most Recent Employer:	Type of Business:	Phone: ()
Address:	Date Employed (month/year)	Date Left (month/year)
Title and duties:		<input type="checkbox"/> Full time <input type="checkbox"/> Part time Hours per week:
Supervisor's Name and Title:	Supervisor's Phone: ()	May we check reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving:	Starting Salary: \$ per (hour/week/month/year)	Final Salary: \$ per (hour/week/month/year)

Former Employer:	Type of Business:	Phone: ()
Address:	Date Employed (month/year)	Date Left (month/year)
Title and duties:		<input type="checkbox"/> Full time <input type="checkbox"/> Part time Hours per week:
Supervisor's Name and Title:	Supervisor's Phone: ()	May we check reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving:	Starting Salary: \$ per (hour/week/month/year)	Final Salary: \$ per (hour/week/month/year)

Former Employer:	Type of Business:	Phone: ()
Address:	Date Employed (month/year)	Date Left (month/year)
Title and duties:		<input type="checkbox"/> Full time <input type="checkbox"/> Part time Hours per week:
Supervisor's Name and Title:	Supervisor's Phone: ()	May we check reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving:	Starting Salary: \$ per (hour/week/month/year)	Final Salary: \$ per (hour/week/month/year)

Former Employer:	Type of Business:	Phone: ()
Address:	Date Employed (month/year)	Date Left (month/year)
Title and duties:		<input type="checkbox"/> Full time <input type="checkbox"/> Part time Hours per week:
Supervisor's Name and Title:	Supervisor's Phone: ()	May we check reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving:	Starting Salary: \$ per (hour/week/month/year)	Final Salary: \$ per (hour/week/month/year)

REFERENCES – Minimum of 3. Do not list relatives.	
Name and title: Phone #:	Phone#: ()
Address:	
Name and title: Phone #:	Phone#: ()
Address:	
Name and title: Phone #:	Phone#: ()
Address:	
Name and title: Phone #:	Phone#: ()
Address:	

Applicant's Signature:	Date:
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