



EMPLOYMENT APPLICATION
AN EQUAL OPPORTUNITY EMPLOYER

2468 HOPE MILLS ROAD
HOPE MILLS, NC 28304

ANSWER ALL QUESTIONS IN EACH SECTION FOR APPLICATION TO BE VALID

POSITION APPLIED FOR	
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GENERAL INFORMATION	
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Name (last, first, middle initial)	Social Security No.
Street Address	City, State, Zip
Home Phone No.	Date Of Birth
Are you authorized to work in the United States? Yes No	EMAIL:

TRAINING AND EDUCATION	
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CIRCLE HIGHEST GRADE COMPLETED:	8	9	10	11	12	GED
Colleges/other training	Major/subject	Degree/certificates				

ADDITIONAL SKILLS Describe skills relevant to the job for which you are applying		
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SKILL	TYPE OF EXPERIENCE	LEVEL OF EXPERTISE
Customer Service		
Wait staff training		
Cooking		
Other		

Can you perform the essential functions of the job with or without reasonable accommodation? Yes No

BACKGROUND INFORMATION	
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Do you have a valid NC State Driver's License?	Yes	No	Other State _____
DL # _____			
Have you been convicted of a felony or served time in prison within the last ten (10) years?	Yes	No	
Conviction will not necessarily bar you from employment. If yes, please explain:			

How/where did you hear about the position for which you are applying? (Check one)		
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<input type="checkbox"/> Friend or relative Please Specify _____	<input type="checkbox"/> Newspaper ad	<input type="checkbox"/> Other Please Specify _____
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EMPLOYMENT HISTORY

Beginning with your present or most recent employment, list your employment history. Include self-employment, military service, volunteer experience and periods of unemployment. The following sections MUST be completed even if a resume is submitted.

Employer		Employed from:	To:
Address:		Supervisor	
Phone	Hours worked/week	Starting salary	
Position		Last salary	
Primary duties			
Number of employees supervised by you	May we contact this employer		Supervisor's phone

Reason for leaving

Employer		Employed from:	To:
Address:		Supervisor	
Phone	Hours worked/week	Starting salary	
Position		Last salary	
Primary duties			
Number of employees supervised by you	May we contact this employer		Supervisor's Phone

Reason for leaving

Employer		Employed from:	To:
Address:		Supervisor	
Phone	Hours worked/week	Starting salary	
Position		Last salary	
Primary duties			
Number of employees supervised by you	May we contact this employer		Supervisor's phone

Reason for leaving

PROFESSIONAL REFERENCES Please list below any people in addition to supervisors listed above who can responsibly evaluate your work performance

Name	Place of employment/title	Phone

Applicant's signature _____ Date _____