



Carolina Structural Systems

P.O. Box 157, Ether, NC 27247
225 Frame Shop Rd., Star, NC 27356
910-491-9004

Application for Employment

Please complete this form clearly in ink. Please sign where indicated on pages 4, 5, & 6 and fax to (910) 491-9006, mail to: Carolina Structural Systems, PO Box 157, Ether, NC 27247, or scan a copy to: jobinfo@carolinastructuralsystems.com
We cannot process unsigned applications.

APPLICANT INFORMATION

Today's Date: _____

Name:

_____ *Last*

_____ *First*

_____ *Middle*

Address:

_____ *Street*

_____ *City*

_____ *State*

_____ *Zip Code*

Previous
Address:

_____ *Street*

_____ *City*

_____ *State*

_____ *Zip Code*

Telephone:

() _____
Days

() _____
Evenings

Email address: _____

Are you at least 18 years old? Y N

Are you legally authorized to work in the U.S.? Y N

How did you hear of our company?

Newspaper

Employee Referral

Agency

Other _____

JOB INTEREST

Are you currently employed? Y N If not, when was your last day of employment? _____

Position Applied For: _____

Shift Preference: Full Time Part-Time Temp Seasonal

Part-Time Days/Hours Preference: _____

How soon could you start? _____

Are you available to work overtime? Yes No

Our company is committed to a policy of nondiscrimination and equal opportunity for all employees and qualified applicants without regard to race, color, religious creed, national origin, ancestry, sex, sexual orientation, gender identity, age, disability, veteran's status or genetic information.

EDUCATIONAL BACKGROUND

Type of School	Name and City	Did you Graduate?	Course or Major
College			
Technical School			
High School			
Other			

LIST ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH MOST RECENT

Company Name:					Dates Worked		Position(s) Held:	
Address, City, State, Zip:					From	To		
Phone No. : ()		Duties/Responsibilities:						
Type of Business:								
Supervisor:		Reason for Leaving:						
Base Gross Income \$:	Starting Wage:	Per	Present Wage:	Per	<input type="checkbox"/> Bonus	Amount	Hours Worked	
		<input type="checkbox"/> Hour <input type="checkbox"/> Year		<input type="checkbox"/> Hour <input type="checkbox"/> Year	<input type="checkbox"/> Incentive			

Company Name:					Dates Worked		Position(s) Held:	
Address, City, State, Zip:					From	To		
Phone No. : ()		Duties/Responsibilities:						
Type of Business:								
Supervisor:		Reason for Leaving:						
Base Gross Income \$:	Starting Wage:	Per	Present Wage:	Per	<input type="checkbox"/> Bonus	Amount	Hours Worked	
		<input type="checkbox"/> Hour <input type="checkbox"/> Year		<input type="checkbox"/> Hour <input type="checkbox"/> Year	<input type="checkbox"/> Incentive			

Company Name:					Dates Worked		Position(s) Held:	
Address, City, State, Zip:					From	To		
Phone No. : ()		Duties/Responsibilities:						
Type of Business:								
Supervisor:		Reason for Leaving:						
Base Gross Income \$:	Starting Wage:	Per	Present Wage:	Per	<input type="checkbox"/> Bonus	Amount	Hours Worked	
		<input type="checkbox"/> Hour <input type="checkbox"/> Year		<input type="checkbox"/> Hour <input type="checkbox"/> Year	<input type="checkbox"/> Incentive			

VOLUNTEER WORK: All applicants are welcome to provide verifiable volunteer work history below. You are not required to include organizational names that would indicate possible membership in a protected class such as race, color, religion, sex, gender identity, or national origin.

Company Name:					Dates Worked		Position(s) Held:	
Address, City, State, Zip:					From	To		

Phone No. :	()	Reason for Leaving:
Supervisor:		Hours Worked:
Duties/Responsibilities:		

WORK REFERENCES			
Name:		Years Known:	Relationship & Title:
Company:			
Work Address, City, State, Zip:		Home Phone	Work Phone

Name:		Years Known:	Relationship & Title:
Company:			
Work Address, City, State, Zip:		Home Phone	Work Phone

Name:		Years Known:	Relationship & Title:
Company:			
Work Address, City, State, Zip:		Home Phone	Work Phone

SPECIAL SKILLS (Please check the skills for which you have received training)			
<input type="checkbox"/> Word Processing WPM ()	<input type="checkbox"/> Data Entry	<input type="checkbox"/> 10-Key Calculator	
<input type="checkbox"/> Software Packages:			
<input type="checkbox"/> Programming Languages:			
<input type="checkbox"/> Database:			
<input type="checkbox"/> Manufacturing Equipment:			
<input type="checkbox"/> Other:			

Training Courses

Describe any relevant training programs you have completed. Include the types of training, the sources of the training, and the dates of the training.

Required License(s)

If required to drive a motor vehicle in the job applied for, do you have a valid driver's license?

Yes No If yes, please provide: #: _____ State: _____

Are you licensed with any group, association or society relating to the job for which you are applying? Yes No

If yes: License Name & # _____ Issuing State: _____ Expires _____

Briefly describe the type of work for which you are best qualified.

Note any details about your qualifications. Include special skills such as machines operated, licenses, etc.

JOB APPLICANTS AGREEMENT AND CERTIFICATION

"I certify that the information given to me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize the past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information."

"I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Carolina Structural Systems, LLC and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon Carolina Structural Systems, LLC unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that Carolina Structural Systems, LLC retains that same right."

"I understand that prior to being offered employment with Carolina Structural Systems, LLC I may be requested to take an employment examination. In the event I have a disability that will affect my ability to take the test, I will so inform Carolina Structural Systems, LLC prior to the administration of the test so that a reasonable accommodation can be made. Requested accommodations may include accessible testing sites, modified testing conditions, and accessible testing formats. Carolina Structural Systems, LLC reserves the right to require medical documentation concerning the need for accommodations."

"I understand that part of the onboarding process at Carolina Structural Systems will include a drug screen and I consent to same. I understand that a positive result of that drug screen will make me ineligible to continue working at Carolina Structural Systems. I also agree that, should I begin work before the results of the drug screen are returned, and those results are positive, the cost of the drug screen will be deducted from any pay I have earned and deducted from my paycheck. "

"I understand that, if employed, policies and rules which are issued are not conditions of employment and that the employer may revise policies or procedures, in whole or in part, at any time."

"I understand that this application will be kept on active file for 30 days from the date completed, after which time I would have to reapply in accordance with established company procedures."

"I certify that I am not bound by any contract or employment agreement and that I am legally able to accept any position that I may be offered, and that I accept, at Carolina Structural Systems, LLC. I am not employed by or, after accepting a position with Carolina Structural Systems, will not be employed by any firm in a competing or similar business."

Signature of Applicant

Date Signed

Applicant Name (*please print*): _____