



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

GENERAL INFORMATION

Name (last, first, middle initial)

Social Security No.

Street Address

City, State, Zip

Phone No.

Date Of Birth

Are you authorized to work in the United States?

EMAIL:

Yes No

TRAINING AND EDUCATION

MARK 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

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

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)

☐ Friend or relative

Please Specify

☐ Other

Please Specify

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 _____