



P O Box 427 ~ 102-A Professional Park Dr. ~ Beaufort, NC 28516
 Phone: 252-504-3201 ~ Fax: 252-504-3202
 Email: tpratt@mechworksinc.com

Application for Employment
 (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION TODAY'S DATE
NAME SOCIAL SECURITY NUMBER

PRESENT ADDRESS
PERMANENT ADDRESS

PHONE NUMBER ARE YOU 18 OR OLDER?
DO YOU HAVE A VALID DRIVERS LICENSE? DRIVERS LICENSE NUMBER
DRIVERS LICENSE ISSUE DATE DRIVERS LICENSE EXPIRATION DATE

DATE OF BIRTH PLACE OF BIRTH
STATUS OF ORIGIN The immigration Reform and control act of 1988 requires all new employees to answer the following questions:
ARE YOU A US CITIZEN? ARE YOU AN ALIEN LAWFULLY AUTHORIZED TO WORK IN THE US?
 (A form must be completed to certify eligibility for employment)

EMPLOYMENT DESIRED

POSITION DATE YOU CAN START SALARY DESIRED
ARE YOU EMPLOYED NOW? IF SO, MAY WE INQUIRE WITH YOUR PRESENT EMPLOYER?

HAVE YOU APPLIED WITH THIS COMPANY BEFORE? NO

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	AREA OF STUDY
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE BUSINESS OR CORRESPONDENCE				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

U.S. MILITARY OR NAVAL SERVICE RANK PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES
ACTIVITIES

FORMER EMPLOYERS

(LIST BELOW LAST EMPLOYERS, STARTING WITH THE MOST RECENT)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM TO				
FROM TO				
FROM TO				
FROM TO				

REFERENCES:

GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			

PHYSICAL RECORD:

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED?
IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION?
PLEASE DESCRIBE:
IN CASE OF EMERGENCY, NOTIFY
NAME ADDRESS PHONE NUMBER

ACKNOWLEDGEMENT

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING THIS INFORMATION TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE.

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

DATE

SIGNATURE

This form has been designated to strictly comply with State and federal fair employment practice laws prohibiting employment discrimination.