



# EAST HARDWOOD COMPANY APPLICATION FOR EMPLOYMENT

(PLEASE ANSWER ALL QUESTIONS)



NOTICE: Applicant should read the following Information carefully before filling out any of the questions of this form. Title VII of the Civil Rights Act of 1964, as amended, prohibits discrimination in employment because of race, color, sex, religion, or national origin. It is also illegal to discriminate in employment of persons because of their age if over 40.

### WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Name:	Last	First	Middle	Social Security Number (Last Four)
Address:	Street	City	State	Zip Code

Phone Number:	Email Address:
Position Applied For?	Date you can start:                      Salary Desired:
Are you Applying For:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary            Referred By:

### EDUCATION

Schooling	Name and Location of School	From		To		Graduate	
		Mo.	Year	Mo.	Year	Yes	No
Elementary						<input type="checkbox"/>	<input type="checkbox"/>
High School						<input type="checkbox"/>	<input type="checkbox"/>
College/University						<input type="checkbox"/>	<input type="checkbox"/>
Business/Trade						<input type="checkbox"/>	<input type="checkbox"/>

### CHECK KINDS OF WORK IN WHICH YOU HAVE HAD EXPERIENCE

<input type="checkbox"/> Accounting	<input type="checkbox"/> Collections	<input type="checkbox"/> Payroll	<input type="checkbox"/> Bookkeeping	<input type="checkbox"/> Data Processing
<input type="checkbox"/> Filing	<input type="checkbox"/> Cashier	<input type="checkbox"/> Print Shop	<input type="checkbox"/> Purchasing	<input type="checkbox"/> Typing
<input type="checkbox"/> Warehouse	<input type="checkbox"/> Truck Driver	<input type="checkbox"/> Sales	<input type="checkbox"/> Social Media	<input type="checkbox"/> Forklift
<input type="checkbox"/> Microsoft Office				
<input type="checkbox"/> Word <input type="checkbox"/> Excel <input type="checkbox"/> PowerPoint <input type="checkbox"/> Access				

**List Any Additional Skills And/Or Plant And Shop Machines You Are Qualified To Operate:**

- |    |    |    |
|----|----|----|
| 1. | 3. | 5. |
| 2. | 4. | 6. |

**(Applicant To Answer Only if Applying As a Driver or Vehicle Operator)**

Check the Types of Vehicles you are qualified, through experience, To Operate:

Passenger Car  Light Truck  Heavy Truck or Tractor  Other:

Driver's License No.                      State:                      Expires:

Ever Suspended or Revoked?

Do you have Auto Insurance:  Yes  No    Has it ever been cancelled or renewal refused?  Yes, Explain:                       No.

How many convictions for moving violations within past 3 years?

Are you willing to take a Physical Examination at Our Expense?  Yes  No

**FORMER EMPLOYERS**

(LIST BELOW PREVIOUS EMPLOYERS, STARTING WITH THE LAST ONE FIRST)

DATE (MO/YR) TO (MO/YR)	NAME AND ADDRESS OF EMPLOYER	PHONE NO.	POSITION	SALARY	REASON FOR LEAVE
1. TO					
2. TO					
3. TO					
4. TO					

Have You Ever Applied To This Company Before?  Yes Where                      When                       No

Are You Now Employed?  Yes Where?                       No

May We Inquire of Your Present Employer?  Yes Phone #                       No

CRIMINAL CONVITIONS/TRAFFIC VIOLATIONS: HAVE YOU EVER BEEN CONVICTED OF:

- (1) A misdemeanor, gross misdemeanor or felony (excluding juvenile adjudication)?  Yes  No
- (2) A moving traffic violation within the last five years?  Yes  No

If yes, ATTACH STATEMENT, giving the date(s), time(s), location(s), circumstance(s), and dollar amount of fine(s). Include any conditions of your parole and/or probation, if applicable. Moving traffic violations will only be considered if driving a vehicle for job requirements. A criminal conviction is not an automatic bar to employment. Each case is considered on its individual merits. LACK OF REQUESTED INFORMATION IS BASIS FOR REJECTING APPLICATION.

REFERENCES:  
(PLEASE LIST THREE)

NAME	PHONE NUMBER	RELATIONSHIP

SIGNATURE LINE  
(MUST BE DATED AND SIGNED. PLEASE READ ALL CONDITIONS BELOW.)

- 1. I authorize investigation of all statements contained in this application.
- 2. I understand that misrepresentation or omission of facts called for is cause for dismissal and that my employment is substantially dependent on truthful answers to the foregoing inquiries.
- 3. I have read these statements and answers to these inquiries.  Yes  No

Date:

Signature: **(Capture of Signature will be done during your Interview.)**

**For On-Line Submission Please follow the Instructions**

- How to send application by email.
- Step 1. Select **FILE** from the top of this window.
- Step 2. Select **SEND TO**
- Step 3. **CHOOSE MAIL RECIPIENT**

Your Default Email Application will open and attach application.  
Send application to: bgiblin@safrits.com

**For mail please send application to:**

Attention: Human Resources  
PO Box 388  
Beaufort, NC 28516  
(252) 728-3843 - Office  
(252) 728-3115 - Fax

**DO NOT WRITE- EMPLOYER'S USE**

**EMPLOYERS**

1.

2

3

4

DATE	INTERVIEW BY	APPEARANCE	CHARACTER	PERSONALITY	ABILITY
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# CONSUMER REPORT FOR EMPLOYMENT PURPOSE DISCLOSURE FORM

Per Section 604 of the Fair Credit Reporting Act of 1996, this is to inform you that a Consumer Report for Employment Purposes may be obtained.

You are also advised that information from a Consumer Report for Employment Purposes will not be used in violation of any applicable federal or state equal employment opportunity law or regulation.

You are also informed that before taking adverse action in whole or in part based on the Consumer Report for Employment Purposes, the company will provide you:

A copy of the Consumer Report for Employment Purposes; and A copy of your rights, in the approved FTC format.

I have read and understand the above information. I agree by affixing my signature to the accompanying "Background Investigation Authorization" form.

# Background Investigation Authorization

## IMPORTANT - PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGEMENT

In connection with your employment, application, or temporary agency/contactor assignment with \_\_\_\_\_ (hereinafter 'COMPANY'), we may upon execution of this authorization, investigate the information contained in this form, your application and other relevant background information to determine whether you are a suitable candidate for employment, promotion, position re-assignment or contract. Therefore, COMPANY will request a consumer report or investigative consumer report as defined under applicable state and federal law from a third party agency, Background Investigations/OneCreditSource.com, 1800 Blankenship Rd, Suite 250, West Linn, OR 97068, 800-955-1356. The scope of the report request by COMPANY may include information relating to criminal history, academic achievement, employment history, Social Security Number verification, character, general reputation, personal characteristics, and mode of living. The purpose of the background investigation is to solely determine employment eligibility. If you do not authorize COMPANY to conduct your background investigation, you will not be considered for employment, promotion, position re-assignment or contract. If so, your application may be withdrawn, you may be removed from your position or your contract may be terminated, if applicable.

• (MINNESOTA, OKLAHOMA AND CALIFORNIA applicants ONLY) Check the box if you wish to receive a copy of the report requested by COMPANY (I am a California resident, I understand I have the right to visually inspect the files concerning me maintained by an investigative consumer reporting agency during normal business hours and upon reasonable notice. The inspection can be done in person, by request by certified mail to have materials sent to me, or by phone, if proper identification is provided. I also understood that I can request trained personnel to explain information to me, including coded information, and that I can be accompanied by a representative.

If the report, in whole or in part, supports making an adverse decision affecting your employment or contract, COMPANY will provide you, before making the adverse decision, a copy of the report and a description in writing of your rights under the Fair Credit Reporting Act and any applicable state laws. If you are ineligible for employment or your background is unacceptable to COMPANY, COMPANY may not hire you or may remove you from your position, assignment or terminate your contract. If this information is retained, it will be kept confidential and separate from your personnel file, if you are hired.

By checking this box and with my signature below, I acknowledge receipt of a copy of the "CONSUMER REPORT FOR EMPLOYMENT PURPOSE DISCLOSURE FORM".

Please complete the form below: 0 Applicant/Team Member 0 Temporary Agency Personnel/Contractor 0 Temp to Hire

Current Name - Last, First, Middle Name	Social Security Number
Other Names You Have Used - Last, First, Middle Name	Date of Birth

Residence Data: Beginning with your current address, list all addresses where you have resided in the last 10 years.

Dates - From/To

Street Address

City, State, Zip

Have you ever been convicted of, participated in a pre-trial program with respect to, or are there any pending charges against you involving a criminal offense?

Yes No If yes, clarify \_\_\_\_\_

### Acknowledgement and Authorization

I acknowledge receipt of this background investigation authorization, as set forth above, and certify that I have read and understand these disclosures. If I was previously on a short term or temporary assignment with \_\_\_\_\_ (hereinafter, "COMPANY"), I consent by my signature below, that the results of the previously procured report may be shared among Background Investigations/OneCreditSource.com, COMPANY and the staffing agency. I authorize COMPANY or its representative to obtain a "consumer report" or "investigative consumer report" as defined under applicable state and federal law or other background information used in connection with COMPANY consideration of me for employment, promotion, position re-assignment or contract. I acknowledge that a telephonic facsimile or copy of this release shall be as valid as the original. To the maximum extent permitted by law, this authorization is valid for all federal, state, county and local agencies and authorities, I understand I have the right to make a written request within a reasonable period of time (not to exceed 30 days) after receipt of this notice for complete and accurate disclosure of information concerning the nature and scope of the investigation.

I certify all my answers on this Authorization are true and complete. I understand that the falsification, omission or misrepresentation of fact on this Authorization (or any other accompanying or required documents) may be cause for denial of employment or immediate termination of employment if hired, regardless of when or how discovered.

Applicant's Signature

Drivers License Number/State

If under 18 Parent's Signature

Date

X

X

Search requests will not be processed unless a fully executed copy of this form is returned to Background InvestigationsOneCreditSource.com\*\*\* FAX with search

request to: Background [InvestigationsOneCreditSource.com](http://InvestigationsOneCreditSource.com) at 800-955-1361