

#### **T:** 888.723.4263 **F:** 910.256.3455

# **EMPLOYMENT APPLICATION**

Date of application:

We are an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed service member status, race, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state or local laws.

PERSONAL

Current Address		
City	State	Zip
Social Security Number	Are you over 18 years o	old? • Yes • No
Home Phone ()	Business Phone ()	
Driver's License Number	Stat	e
Who referred you?		
List all names that you have used during Please Print Name (last, first, middle)		
Maiden (last, first, middle)		
Street		From
	ate County	
CitySta	County	
		То
Street		To From
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AVAILABILITY
Check the types of work you will accept
<ul> <li>Permanent full-time</li> <li>Permanent part-time</li> <li>Work involving travel</li> <li>Shift or split shift work</li> <li>Any of the preceding</li> </ul>
Are you currently available for work? • Yes • No, please indicate earliest date available for work. (mo/day/yr)
Please indicate the position applying for:
Salary Desired
Are you legally eligible for employment in the United States? <b>•</b> Yes <b>•</b> No (If offered employment, you will be required to provide documentation to eligibility.)
Have you ever been employed by CastleBranch? • Yes • No
If so, please state the dates of employment and reason for leaving.
Start Date End Date Reason for Leaving
Have you ever been <b>convicted</b> of a crime other than a minor traffic violation? • Yes • No (A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job which you are applying.)

If "Yes", explain:

### **EDUCATION VERIFICATION**

Please provide all schooling, as well as training which you believe qualifies you for the position you are seeking.

HIGH SCHOOL	
Name:	Diploma: • Yes • No
Number of Years Completed: •1 • 2 • 3 • 4	G.E.D.: • Yes • No
City:	State:

COLLEGE	
Name:	Degrees Earned:
Number of Years Completed: 01 0 2 0 3 0 4	Major:
City:	State:

### **VOCATIONAL SCHOOL**

Name:	Degrees Earned:
Number of Years Completed: •1 •2 •3 •4	Major:
City:	State:

OTHER TRAINING OR DEGREES	
Name:	Degree or Certified Earned:
Course:	
City:	State:

SKILLS				
Office:		o Data Entry	o Excel	• Power Point
Typing:	wpm	• CRM	o MAS	
Word Processing:		• WordPerfect	o MSWord	• Other:
Other Software Skil	ls:			

### **EMPLOYMENT VERIFICATION**

### Applicant: Please read carefully.

It is VERY important to provide accurate information below to avoid any delays.

- 1. List all employment within the past 7 years. List most recent employer first, including U.S. Military Service.
- 2. Corporate or HR phone numbers are required for employers. If there is no corporate number, only list professional contacts for employment verifications. If you worked for a Staffing Agency that placed you at a company, please list the name of the agency that you were employed with.

• Please check here if you have not been employed within the past 7 years.

MOST RECENT EMPLOYER		
Full Company Name:		May we contact? • Yes • No
(Do not abbreviate)		
City:		State:
Phone: ( )	Supervisor:	
Dates of Employment (Mo/Yr)	From: To:	
Salary:	Position:	Department:
Duties:		• Full-time • Part-time
Reason for Leaving:		Number of Hours:

EMPLOYER #2		
Full Company Name: (Do not abbreviate)		
City:		State:
Phone: ( )	Supervisor:	
Dates of Employment (Mo/Yr)	From: To:	
Salary:	Position:	Department:
Duties:		• Full-time • Part-time
Reason for Leaving:		Number of Hours:

EMPLOYER #3		
Full Company Name: (Do not abbreviate)		
City:		State:
Phone: ( )	Supervisor:	
Dates of Employment (Mo/Yr)	From: To:	
Salary:	Position:	Department:
Duties:		• Full-time • Part-time
Reason for Leaving:		Number of Hours:

If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper.

Explain any gaps in work history: \_\_\_\_

Have you ever been discharged or asked to resign from a job? • Yes • No

If "Yes", explain: \_

### **PROFESSIONAL REFERENCES**

Name:	Phone: ( )
City:	State:
Relationship to Applicant:	

Name:	Phone: ( )
City:	State:
Relationship to Applicant:	

Name:	Phone: ( )
City:	State:
Relationship to Applicant:	

## PERSONAL REFERENCES

Name:	Phone: ( )
City:	State:
Relationship to Applicant:	

Name:	Phone: ( )
City:	State:
Relationship to Applicant:	

Name:	Phone: ( )
City:	State:
Relationship to Applicant:	

This company is an at-will employer as allowed by applicable state law. This means that regardless of any provision in this application, if hired, the company or I may terminate the employment relationship at any time, for any reason, with or without cause or notice.

A new application and resume are required for all other and future positions.

### NOTIFICATION AND RELEASE

The information contained in my application for employment with Castle Branch, Inc. is true to the best of my knowledge and belief. I understand that any misrepresentation or false statement made by me in connection with the application or any related documents which is deemed material by Castle Branch, Inc. in its discretion shall result in Castle Branch, Inc. not employing me or, if employed, terminating my employment. I understand that Castle Branch, Inc. is an "at will" employer, which means that if I am chosen for employment, I may be terminated with or without cause at any time without notice. I understand and agree that all information furnished in my application and all attachments may be verified by Castle Branch, Inc., or its authorized representative.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

(unsigned application will not be processed)