

CASTLE BRANCH, INC.

TEL: 888.666.7788 | FAX: 910.815.3881

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

Name (last, first, middle) _____

Present Address _____

City _____ State _____ Zip _____

Social Security # _____ - _____ - _____

Are you over 18 years old? Yes No

Home Phone (_____) _____ Business Phone (_____) _____

Driver's License Number _____ State _____

Who referred you? _____

List all names that you have used during the last seven (7) years (including married, maiden, and aliases) Please Print

Name (first, middle, last) _____ Dates Used (mo/yr) from _____ to _____

Maiden name (first, middle, last) _____ Dates Used (mo/yr) from _____ to _____

Current and Previous Address(es) - last seven (7) years. Use extra page if necessary.

Street _____ From _____

City _____ State _____ County _____ To _____

Street _____ From _____

City _____ State _____ County _____ To _____

Street _____ From _____

City _____ State _____ County _____ To _____

Street _____ From _____

City _____ State _____ County _____ To _____

Availability

Check (✓) the types of work you will accept:

- Permanent full-time Permanent part-time Work involving travel Shift or split shift work
 Temporary full-time Temporary part-time Any of the preceding

Are you currently available for work? Yes No, please indicate earliest date available for work (mo/day/yr) _____ - _____ - _____

Please indicate the position applying for:

1 _____

Salary Desired _____

Are you legally eligible for employment in the United States? Yes No

(If offered employment, you will be required to provide documentation to eligibility.)

Have you ever been employed Castle Branch? Yes No

If so, please state dates of employment and reason for leaving.

Start Date _____ End Date _____ Reason for Leaving _____

Have you ever been convicted 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 for which you are applying.)

If "Yes", explain:

Education Verification

Please provide all schooling, in addition, indicate training which you believe qualifies you for the position you are seeking.

High School

| | |
|--|---|
| Name: | Diploma: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Number of Years Completed: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | G.E.D.: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| City: | State: |

College

| | |
|--|-----------------|
| Name: | Degrees Earned: |
| Number of Years Completed: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | Major: |
| City: | State: |

Vocational School

| | |
|--|-----------------|
| Name: | Degrees Earned: |
| Number of Years Completed: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | Major: |
| City: | State: |

Other Training or Degrees

| | |
|---------|-----------------------------|
| Name: | Degree or Certified Earned: |
| Course: | |
| City: | State: |

Skills

| | | | |
|------------------------|--------------------------------------|---------------------------------|--------------------------------------|
| Office: | <input type="checkbox"/> Data Entry | <input type="checkbox"/> Excel | <input type="checkbox"/> Power Point |
| Typing: wmp | <input type="checkbox"/> CRM | <input type="checkbox"/> MAS | |
| Word Processing: | <input type="checkbox"/> WordPerfect | <input type="checkbox"/> MSWord | <input type="checkbox"/> Other: |
| Other Software Skills: | | | |

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 (Do not abbreviate): | | May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| City: | | State: |
| Phone: () | Supervisor: | |
| Dates of Employment (Month/Year) | From: | To: |
| Salary: | Position: | Department: |
| Duties: | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Number of Hours: | |
| Reason for Leaving: | | |

Employer #2

| | | |
|--|---|-------------|
| Full Company Name (Do not abbreviate): | | State: |
| City: | | State: |
| Phone: () | Supervisor: | |
| Dates of Employment (Month/Year) | From: | To: |
| Salary: | Position: | Department: |
| Duties: | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Number of Hours: | |
| Reason for Leaving: | | |

Employer #3

| | | |
|--|---|-------------|
| Full Company Name (Do not abbreviate): | | State: |
| City: | | State: |
| Phone: () | Supervisor: | |
| Dates of Employment (Month/Year) | From: | To: |
| Salary: | Position: | Department: |
| Duties: | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Number of Hours: | |
| Reason for Leaving: | | |

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: _____

References

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. I hereby authorize all individuals and organizations named or referred to in my application and any law enforcement organization to give Castle Branch, Inc. all information relative to such verification and hereby release such individuals, organizations, and Castle Branch, Inc. from any and all liability for any claim or damage resulting therefrom. I hereby acknowledge that I have been informed by Castle Branch, Inc., that Castle Branch, Inc. may seek to obtain a consumer report and/or investigative report that will include personal information regarding me, including but not limited to, educational history, work references, driving record and criminal convictions or arrest records if allowed, in order to assist Castle Branch, Inc. in making certain employment decisions. I further acknowledge notification by Castle Branch, Inc. that reports may be provided to Castle Branch, Inc., by other firms subcontracted for that purpose. I, my heirs, assigns and legal representatives, hereby release and fully discharge Castle Branch, Inc., its parent and affiliated companies and the respective officers, directors, shareholders, employees, agents of each, including subcontractors, from any and all claims, monetary or otherwise, that I may have against Castle Branch, Inc., its parent, affiliates or subcontractors, arising out of the making, or use of, either a consumer report and/or investigative report, including any errors or omissions contained or omitted from such reports or investigations. I understand that Castle Branch, Inc. agrees to inform you if an employment decision has been influenced by information contained in a consumer report or investigative report, made by Castle Branch Employment Screening. I have been informed that I may obtain a free copy of any consumer or investigative report within sixty days by calling Castle Branch, Inc., collect at 0-910-815-3880. Castle Branch, Inc. also has made available to me a copy of the document titled "A Summary of Your Rights Under The Fair Credit Reporting Act."

I understand that Castle Branch, Inc. or its authorized representative will conduct additional background rechecks on all current employees at a minimum of every two years . I further understand that this Notification and Release also controls, and applies to any such additional background rechecks performed on me while employed by Castle Branch, Inc. I hereby authorize Castle Branch, Inc. or its authorized representative to conduct any additional background rechecks Castle Branch, Inc. deems necessary.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Signature of Applicant: _____ Date: _____ - _____
(unsigned applications will not be processed)