

# Application for Employment

Please Print



## NOTICE TO APPLICANTS AND EMPLOYEES

Screening tests for alcohol and illegal drug use may be required before hiring and during your employment with this company!

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_/\_\_\_\_/\_\_\_\_  
Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First Middle  
Address \_\_\_\_\_  
Street City State Zip Code  
Telephone # (\_\_\_\_) \_\_\_\_\_ Mobile/Beeper/Other # (\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Referral Source (How did you hear about us?) \_\_\_\_\_

If you are under 18, and it is required, can you furnish a work permit? ..... ☐ Yes ☐ No

If **no**, please explain \_\_\_\_\_

Have you ever been employed here before? If **yes**, give dates and positions \_\_\_\_\_ ☐ Yes ☐ No

Are you legally eligible for employment in this country? ..... ☐ Yes ☐ No

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your desired salary range? .....\$ \_\_\_\_\_

Type of employment desired ☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Seasonal ☐ Educational Co-Op

Driver's license number if driving may be required in position for which you are applying \_\_\_\_\_ State \_\_\_\_\_

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? ..... ☐ Yes ☐ No

If **yes**, please provide date(s) and details \_\_\_\_\_

## Employment History

Starting with your most recent employer, provide the following information.

Employer	Telephone # (____) _____	Dates employed: Month ____ Year ____ to Month ____ Year ____
Street address	City _____ State _____	<b>Compensation (Starting)</b>
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Commission/Bonus/Other Compensation \$ _____
Why did you leave?		<b>Compensation (Final)</b>
Summarize the type of work performed and job responsibilities.		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
What did you like most about your position?		Commission/Bonus/Other Compensation \$ _____
What were the things you liked least about the position?		

Employer	Telephone # (____) _____	Dates employed: Month ____ Year ____ to Month ____ Year ____
Street address	City _____ State _____	<b>Compensation (Starting)</b>
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
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Why did you leave?		<b>Compensation (Final)</b>
Summarize the type of work performed and job responsibilities.		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
What did you like most about your position?		Commission/Bonus/Other Compensation \$ _____
What were the things you liked least about the position?		

Employer	Telephone # (____) _____	Dates employed: Month ____ Year ____ to Month ____ Year ____
Street address	City _____ State _____	<b>Compensation (Starting)</b>
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Commission/Bonus/Other Compensation \$ _____
Why did you leave?		<b>Compensation (Final)</b>
Summarize the type of work performed and job responsibilities.		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
What did you like most about your position?		Commission/Bonus/Other Compensation \$ _____
What were the things you liked least about the position?		



## Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

**Computer Skills** (Check appropriate boxes. Include software titles and years of experience.)

<input type="checkbox"/> Word Processing	Years: _____	<input type="checkbox"/> E-mail	Years: _____
<input type="checkbox"/> Spreadsheet	Years: _____	<input type="checkbox"/> Internet	Years: _____
<input type="checkbox"/> Presentation	Years: _____	<input type="checkbox"/> Other	Years: _____

## Educational Background

Starting with your most recent school attended, provide the following information.

School (include City & State)	Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

## References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

Name	Title	Relationship to You	Telephone	Number of Years Known
			( )	
			( )	
			( )	

## Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_





## DISCLOSURE AND AUTHORIZATION

[IMPORTANT -- PLEASE READ CAREFULLY  
BEFORE SIGNING AUTHORIZATION]

### DISCLOSURE REGARDING BACKGROUND INVESTIGATION

**ORDER NUMBER:**

**FAX: 910.343.9731**

Company Name: **Saedacco, Inc.**

CAC: **SE59**

**Saedacco, Inc.** ("the Company") may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by **Castle Branch, Inc., 1845 Sir Tyler Drive, Wilmington, NC 28405, 888-723-4263**, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address, and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

New York applicants or employees only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Oregon applicants or employees only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available to you should you suspect or find that the Company has not maintained secured records is available to you upon request.

Washington State applicants or employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

### ACKNOWLEDGEMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Castle Branch, Inc., 1845 Sir Tyler Drive, Wilmington, NC 28405, 888-723-4263**, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company ☐

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law ☐

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Other Names/Maiden/Alias \_\_\_\_\_

Social Security\*# \_\_\_\_\_ Date of Birth\* \_\_\_\_\_ (mo/day/year)

Driver's License# \_\_\_\_\_ State \_\_\_\_\_

Phone# \_\_\_\_\_

Email \_\_\_\_\_

Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

\*This information will be used for background screening purposes only and will not be used as hiring criteria.

[Note: If you do business in Utah, you cannot ask for DOB, driver's license, or SSN until either a confidential offer of employment or at the time the background report will be run.]

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Employer Use Only: Please mark (✓) the searches to be conducted.**

Contact: Pete Byer Email: pbyer@saedacco.com

Phone: 803-548-2180 Fax: 1-803-548-2181

<input type="checkbox"/> <b>Nationwide Package</b> County-Criminal NW Record Indicator with SOI Social Security Alert Residency History ST-Motor Vehicle Include NC	<input type="checkbox"/> <b>Military Base Clearance Package</b> ST-Criminal Residency History NW Record Indicator with SOI	<input type="checkbox"/> <b>Motor Vehicle: NC or SC</b> State: NC State: SC  CIRCLE STATE TO BE VERIFIED	<input type="checkbox"/>
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