

# APPLICATION FOR EMPLOYMENT

Stevenson Vestal

2347 Hanford Road  
Burlington, NC 27215

**PLEASE PROVIDE COMPLETE  
INFORMATION TO ALL REQUESTS**

**STEVENSON VESTAL IS AN EQUAL  
OPPORTUNITY EMPLOYER.**

Date Application Completed: \_\_\_\_\_ Referred by (if applicable): \_\_\_\_\_

Last Name	First Name	Middle Name	Social Security No:
Street Address			Telephone Number  (      )
City, State, Zip			
Emergency Contact:	Do you understand the requirements of the Position you have applied for? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Emergency Phone Number:	Can you perform the physical requirements with or without reasonable accommodation? YES <input type="checkbox"/> NO <input type="checkbox"/>		
(      )	Will you work overtime if needed? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Position Applied for:		Pay Expected:	

Only those U.S. Citizens or Aliens who have a legal right to work in the United States are eligible for employment. Can you, upon employment, provide documentation verifying your legal right to work in the United States and your identity? YES  NO

Name & Location of Schools Attended	Graduate (YES/NO)	Type of Degree Awarded	Major Area of Study
High School			
College			
Other			

If you did not graduate from High School, circle the last year of school you completed:

5      6      7      8      9      10      11

List any other Education, Certifications, or Trade Skills that you have which relate to this job:

\_\_\_\_\_

\_\_\_\_\_

Are you 18 years of age or older? YES  NO

**A RECORD OF CONVICTION DOES NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT CONSIDERATION.** Have you ever been **CONVICTED** of a felony or misdemeanor, other than traffic violations? YES  NO

If YES, list only convictions and dates: \_\_\_\_\_

\_\_\_\_\_

# EMPLOYMENT HISTORY

Please provide accurate, complete full-time and part-time employment history for your last four positions. Start with your most recent employer.

# 1 Company Name	Telephone ( )
Address	Employed From _____ To _____
Supervisor's Name	Starting Pay _____ Ending Pay _____
Your Title	Reason for Leaving
May we contact this Employer?	

# 2 Company Name	Telephone ( )
Address	Employed From _____ To _____
Supervisor's Name	Starting Pay _____ Ending Pay _____
Your Title	Reason for Leaving
May we contact this Employer?	

# 3 Company Name	Telephone ( )
Address	Employed From _____ To _____
Supervisor's Name	Starting Pay _____ Ending Pay _____
Your Title	Reason for Leaving
May we contact this Employer?	

# 4 Company Name	Telephone ( )
Address	Employed From _____ To _____
Supervisor's Name	Starting Pay _____ Ending Pay _____
Your Title	Reason for Leaving
May we contact this Employer?	

Please explain any gaps in employment: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**IMPORTANT – READ CAREFULLY BEFORE SIGNING**

I certify that the information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of material fact on this application will result in my immediate dismissal. I authorize all persons, schools, companies, corporations, credit bureaus, government agencies, or any other party to release information concerning my background which may include, but is not limited to, criminal, credit, driver's records, so long as not prohibited by law and the requests are job related.

I further agree to submit to alcohol and/or drug screening tests, if requested of me, at any time prior to (only drug screens will be administered pre-employment), or during my employment in accordance with applicable law, and I further understand and consent to the results of said tests being communicated to Stevenson Vestal. I further understand that the employment relationship is "at will" and can be terminated by either party without cause.

I further understand that this application for employment will remain "active" for sixty (60) days from today's date. If I still desire a position with Stevenson Vestal it will be my responsibility to fill out a new application and file it with Stevenson Vestal after that period expires.

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