EMPLOYMENT APPLICATION

East Carolina Metal Treating, Inc. 1117 Capital Blvd. Raleigh, NC 27603 919-834-2100 fax 919-833-1764

Personal Information							
Last name	First name	Middle initial	Social Security number				
Street address City	State	Zip Code	Telephone number				
Position applied for	sition applied for Rate of pay desired						
	T.J.		When can you start?				
Are you 18 years of age or older if applying fage or older if applying for a driver position?	□ Yes □ No						
Are you a U.S. citizen or permanent resident a	□ Yes □ No						
Driver license number, if applying for a driver position							
Employment Experience							
Most recent employer	Dates employed		Hourly rate/salary				
Location	Supervisor		Telephone number				
Job performed			Reason for leaving				
Previous employer	Dates employed		Hourly rate/salary				
Location	Supervisor Telephone number						
Job performed			Reason for leaving				
Previous employer	Dates employed		Hourly rate/salary				
Location	Supervisor	Supervisor Telephone number					
Job performed			Reason for leaving				
Personal References							
Name	Relationship Telephone number		Telephone number				
Name	Relationship	elationship Telephone number					

Education								
School most recently attended	Last grade completed		Graduate?	□ Yes	□ No			
Location	Dates attended		Course of study					
Other school	Last grade completed		Graduate?	☐ Yes	□ No			
Location	Dates attended		Course of stud	у				
Special Skills and Qualifications								
Summarize any additional information you feel may be helpful to us in considering your application.								
Applicant's Statement								
 I certify that all answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I authorize a criminal background check. I authorize a DMV record check if applying for a driver position. I will provide proof of U.S. citizenship or permanent resident status and authorize an employment eligibility check. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in the termination of my employment. I understand that I am required to abide by all rules and regulations of East Carolina Metal Treating, Inc. I understand and acknowledge that any employment relationship with East Carolina Metal Treating, Inc., is at will and may be terminated at any time by either the Employee or the Employer. 								
Applicant's signature		Date						
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For Personnel Department Use C Interviewed by	<u>Jmy</u>	Date						
Notes								