

NORTH STATE ENVIRONMENTAL, INC.

Employment Application



APPLICANT INFORMATION

Last Name		First	M.I.	Date
Street Address			Apartment/Unit #	
City		State	ZIP	
Phone		E-mail Address		
Date Available		Social Security No.	Desired Salary	
Position Applied for				
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?
				YES <input type="checkbox"/>
				NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION

High School		Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
				Degree
College		Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
				Degree
Other		Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
				Degree

REFERENCES

Please list three professional references.

Full Name		Relationship
Company		Phone ()
Address		
Full Name		Relationship
Company		Phone ()
Address		
Full Name		Relationship
Company		Phone ()
Address		

PREVIOUS EMPLOYMENT

Company _____ Phone () _____
Address _____ Supervisor _____
Job Title _____ Starting Salary \$ _____ Ending Salary \$ _____
Responsibilities _____
From _____ To _____ Reason for Leaving _____

May we contact your previous supervisor for a reference? YES NO

Company _____ Phone () _____
Address _____ Supervisor _____
Job Title _____ Starting Salary \$ _____ Ending Salary \$ _____
Responsibilities _____
From _____ To _____ Reason for Leaving _____

May we contact your previous supervisor for a reference? YES NO

Company _____ Phone () _____
Address _____ Supervisor _____
Job Title _____ Starting Salary \$ _____ Ending Salary \$ _____
Responsibilities _____
From _____ To _____ Reason for Leaving _____

May we contact your previous supervisor for a reference? YES NO

MILITARY SERVICE

Branch _____ From _____ To _____
Rank at Discharge _____ Type of Discharge _____

If other than honorable, explain _____

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature _____

Date _____



**AUTHORIZATION FOR RELEASE OF INFORMATION AND
WAIVER OF LIABILITY FOR EMPLOYMENT REFERENCES**

I hereby authorize _____(Employer) to provide information to my prospective employer pertaining to my employment.

I hereby voluntarily waive any and all rights I may have to privacy and/or confidentiality pertaining to my employment history and work performance insofar as the information is released solely to employers who are evaluating my suitability for employment.

This authorization shall remain valid for 90 days from the date of signature.

I hereby release _____(Employer) from any claims, damages or liabilities of any kind, that may directly or indirectly result from the use, disclosure, or release of such information by any person or party, whether such information is favorable or unfavorable to me, arising from the employment reference as contemplated by this authorization.

I have read the above, understand its contents, and voluntarily agree to its terms.

Signature

Date

Printed Name



DRUG AND ALCOHOL USE

North State Environmental, Inc. strives to provide a drug-free, healthful, and safe workplace. All employees are expected to report to work in a mental and physical condition which enables you to perform your job in a satisfactory manner.

While on North State Environmental, Inc.'s premises or while conducting business-related activities off North State Environmental, Inc.'s premises, you may not use, possess, distribute, sell, or be under the influence of alcohol or illegal drugs. We permit the legal use of prescribed drugs on the job only to the extent they do not impair your ability to perform the essential functions of your job effectively and safely without endangering others.

If you are prescribed a drug that may affect your ability to perform your job, you must notify your supervisor and provide a medical document to explain the effects of the drug, prior to returning to work.

Violation of this policy will lead to disciplinary action, up to and including immediate termination of your employment as well as possible legal repercussions. Additionally, you may be required to participate in a substance abuse rehabilitation or treatment program.

If you have questions about this policy or issues related to drug or alcohol use at work, you can raise your concerns with your supervisor or the Owner without fear of reprisal.

APPLICANT'S NAME (printed):

APPLICANT'S SIGNATURE:

DATE: _____



EQUAL OPPORTUNITY EMPLOYER QUESTIONNAIRE

In order to comply with United State Government Equal Opportunity requirements, all applicants for employment are requested to complete this form. This form is not part of the application packet. Data collected will be used for statistical reporting purposes and to measure the effectiveness of recruitment efforts and selection procedures. This information is requested on a voluntary basis, will be kept confidential, and is not available to hiring authorities.

North State Environmental, Inc. is an equal opportunity employer. In accordance with applicable laws and regulations, North State Environmental, Inc. does not discriminate on the basis of disability or other prohibited criteria. If you believe you have been treated unfairly or discriminated against on the basis of race, color, national origin, gender, age, religion, political affiliation, sexual orientation, or disability, please contact the Human Resources Generalist at (336) 725-2010, ext. 103

Thank you for completing an application for this position and in your decision to select North State Environmental, Inc. as a possible employer. If you need clarification of information on this form please contact the Human Resources Generalist at (336) 725-2010, ext. 103.

EEO QUESTIONNAIRE

(Refusal to complete this form will have **no** effect what so ever on consideration for employment.)

Voluntary Request for Information

Please Print

Date: _____ Gender: Male Female

Name: _____ Age: _____
Last First MI

Position Applied For: _____

How did you learn about the position: _____
(newspaper, internet, current employee)

Race/Ethnic Data: (check one)

- Hispanic or Latino**
A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White or Caucasian** (not Hispanic or Latino)
A person having origins in any of the original peoples of Europe, the Middle East, or North Africa
- African American or Black** (not Hispanic or Latino)
A person having origins in any of the black racial groups of Africa
- Native American Indian or Alaska Native** (not Hispanic or Latino)
A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Asian or Pacific Islander**(not Hispanic or Latino)
A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Other Pacific Islander or Native Hawaiian** (not Hispanic or Latino)
A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Two or More Races** (not Hispanic or Latino)
All persons who identify with more than one of the above six races.
- I do not wish to enter voluntary self-identification EEOC information.**

Do you consider yourself a person with a disability? Yes No

Person with a disability: Any person who has a physical or mental impairment that substantially limits one or more major life activities and that affects employability, has a record of having such impairment, or is regarded as having such impairment.

National Origin: _____

Are you a veteran of the United States Armed Forces? Yes No

If yes, please describe your status and the branch in which you served.

I understand that this information will be kept confidential and used only in accordance with applicable Federal laws and regulations.

Signature

Date