

**OFFICE USE ONLY :**

**JOB REFERENCES CHECKED?**

**YES**  **NO**

# N.C. HUNT Inc.

## APPLICATION FOR EMPLOYMENT

**We Consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.**

**(PLEASE PRINT)**

Position(s) Applied For		Date of Application	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Current Employee Referral	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____	
Last Name	First Name	Middle Name	
Address: Number	Street	City	State Zip Code
Telephone Number(s)		Social Security Number (voluntary)	

Best time to contact you at home is: \_\_\_\_\_:\_\_\_\_\_AM/PM

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Have you ever filed an application with us before?  Yes  No  
If Yes, give date \_\_\_\_\_

Have you ever been employed with us before?  Yes  No  
If Yes, give date \_\_\_\_\_

Do any of your friends or relatives, other than spouse, work here?  Yes  No  
If Yes, state name, relationship, and position \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No

Proof of citizenship or immigration status will be required upon employment.

**Date available for work** \_\_\_/\_\_\_/\_\_\_ **What is your desired pay range?** \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Temporary  
**(Please Indicate: Mornings Afternoon Weekends)**  
(Please Indicate dates available \_\_\_/\_\_\_ - \_\_\_/\_\_\_)

Are you currently on "lay-off" status and subject to recall?  Yes  No

Can you travel if your job requires it?  Yes  No

**\*\*\* WE ARE AN EQUAL OPPORTUNITY EMPLOYER \*\*\***

## EDUCATION

School	Name and Address of School	Course of Study	# Years Completed	Diploma or Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (specify)				

## WORK EXPERIENCE (PLEASE LIST DETAILS FOR AT LEAST LAST THREE YEARS)

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or any other protected status.

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Starting/Present Job Title			
Supervisor	Hourly Rate/Salary		
Reason for Leaving	Starting	Final	
May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Starting/Present Job Title			
Supervisor	Hourly Rate/Salary		
Reason for Leaving	Starting	Final	
May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Starting/Present Job Title			
Supervisor	Hourly Rate/Salary		
Reason for Leaving	Starting	Final	
May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Starting/Present Job Title			
Supervisor	Hourly Rate/Salary		
Reason for Leaving	Starting	Final	
May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No			

Comments: Include explanation of any gaps in employment.


**Describe any specialized training, apprenticeship, skills, and extra-curricular activities.**


**Describe any job-related training received in the United States military.**


**List professional, trade, business or civic activities and offices held.**

You may exclude membership which would reveal gender, race, religion, national origin, age ancestry, disability or other protected status.


**ADDITIONAL INFORMATION**

**Other Qualifications:** Summarize special job-related skills and qualifications acquired from employment or other experience.


**SPECIALIZED SKILLS**

**(SKILLS/EQUIPMENT OPERATED)**

- |                                                  |                                                    |
|--------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> CDL A LICENSE           | <input type="checkbox"/> CASH REGISTER             |
| <input type="checkbox"/> CDL B LICENSE           | <input type="checkbox"/> FRONT-END LOADER OPERATOR |
| <input type="checkbox"/> HEAVY DUTY MECHANIC     | <input type="checkbox"/> FORK-TRUCK OPERATOR       |
| <input type="checkbox"/> MISC EQUIPMENT OPERATOR | <input type="checkbox"/> MACHINERY OPERATOR        |
| <input type="checkbox"/> INSIDE/OUTSIDE SALES    | <input type="checkbox"/> PHONES/CUSTOMER SERVICE   |

State any additional information you feel may be helpful to us in considering your application.


**Note to Applicants:**

**DO NOT ANSWER QUESTION BELOW UNLESS YOU HAVE BEEN INFORMED OF THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

YES       NO

**PERSONAL/PROFESSIONAL REFERENCES**

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

# UNDERSTANDING-YOU-BETTER QUESTIONNAIRE

1. Why do you want this job?

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2. What would your previous supervisor say about your attendance and job performance?

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3. Do you own reliable transportation for work?

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4. What do you feel is an acceptable number of days to be absent in a year?

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5. What situations may occur to keep you from coming to work on time and how often may that occur?

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6. What things normally frustrate you on a job?

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7. What motivates you to do great work? (rewards, recognition, challenge)

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8. How would you like (or not like) to be managed?

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9. Where would you like to be in three years?

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10. Do you like to work in different positions or would you rather not be cross-trained?

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## APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant within to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. I also understand that this "at will" employment relationship may not be changed by any written document or by conduct unless such a change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I

Understand also, that I am required to abide by all rules and regulations of the employer.

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

\_\_\_\_\_  
Date