

# ATLANTIC CONTRACTING COMPANY INC.

**1149 PLEASANT RIDGE RD GREENSBORO, NC 27409**

**PHONE: 336-931-3109 FAX: 336-931-3108**

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment on race, age, color, sex, religion, national origin or other protected classification. Please write clearly and neatly.					
					Date
Name	Last:	First:	Middle:		
<div></div>					
Address	Street:				
	City:		State:	Zip Code:	
Telephone	Daytime:		Evening:		Cell:
Social Security Number	[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]		Are you over 18 years old? [ ] Yes [ ] No		
Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? [ ] Yes [ ] No					
Have you ever been convicted of a felony? [ ] Yes [ ] No (Conviction will not necessarily disqualify an applicant for employment) If yes, describe: _____ _____ _____ _____					
Education:	Name of School	Address		Diploma/Degree	Dates Attended
High School					
College or Trade School					
Graduate School					
Have you ever worked here before? [ ] Yes [ ] No			Title of the job you are applying for:		
How did you learn of this opening?	What is your desired salary?		Shift preferred: [ ] Part-time [ ] Full time		
Are you willing to work overtime as required? [ ] Yes [ ] No			Interviewer's Notes:		
Are you willing to nights as required? [ ] Yes [ ] No					
Do you have a valid driver's license? [ ] Yes [ ] No State:                      Number:					
When can you start work?					

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## EMPLOYMENT APPLICATION

### Employment Information: Please list your most recent job first.

Name of Company			
Address			
	Street	City, State	Zip Code
Telephone number:	May we contact your previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Supervisor's Name:	Dates of Employment:		
Salary :	Reason for leaving:		

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Name of Company			
Address			
	Street	City, State	Zip Code
Telephone number:	May we contact your previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Supervisor's Name:	Dates of Employment:		
Salary:	Reason for leaving:		

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Name of Company			
Address			
	Street	City, State	Zip Code
Telephone number:	May we contact your previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Supervisor's Name:	Dates of Employment:		
Salary:	Reason for leaving:		

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<b>References:</b> Please provide three (3) references	<b>Name</b>	<b>Job title or Relationship</b>	<b>Address</b>	<b>Telephone Number</b>

By signing below I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release Atlantic Contracting Company Incorporated from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of Atlantic Contracting Company Incorporated has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. I understand by submitting this application it will become the property of Atlantic Contracting Company Incorporated and that the completed application will remain confidential and for company use only. It is Atlantic Contracting Company Incorporated policy to comply with all applicable state and federal laws prohibiting discrimination in employment on race, age, color, sex, religion, national origin or other protected classification.

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Signature \_\_\_\_\_ Date \_\_\_\_\_