



APPLICATION FOR EMPLOYMENT

Log Number _____
Date Received _____

PERSONAL DATA

Social Security Number: _____

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip)

Length of time at this address: _____

Telephone Number: _____

Are you 18 years or older? Yes _____ No _____

EMPLOYMENT HISTORY

Position applying for: _____ Salary desired: _____

Are you employed now? _____ If so, may we contact your employer? _____

Have you applied with Snug Harbor before: _____ When: _____

Have you ever worked for Snug Harbor before: _____ When: _____

Are you available to work any shift: _____ Any day of the week: _____

If not, which shifts & days are you available: _____

When could you report for work: _____

EDUCATIONAL DATA

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12
 College or University: 1 2 3 4 5

Type of School	Name of School	Location	Major Subjects	Year Graduated
High School				
College				
Business/Trade				
Graduate School				
Other				

List degree(s) obtained:

RELATIVE IN OUR EMPLOYMENT

Name	Relationship	Name	Relationship

MILITARY

Military Status:

Active Duty Service From: _____ to _____

Honorable Discharge: _____

Branch of Service: _____

SPECIAL SKILLS

Include any special knowledge, technical or computer skills, and/or other qualifications you have acquired from employment or other experience. (List any specific equipment that you can proficiently operate.)

REFERENCES*Please list three professional references.*

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

REFERENCES*Please list three personal references.*

Full Name		Relationship	
Address		Phone	
Address			
Full Name		Relationship	
Address		Phone	
Address			
Full Name		Relationship	
Address		Phone	
Address			

Addendum to the Employment Application

Have you ever been arrested, charged with, or convicted of any crime, misdemeanor or felony, or have any charges pending against you other than minor traffic offenses?

Yes _____

No _____

If yes, please describe the charges, including date and location.

Have you lived in North Carolina for the past five consecutive years?

Yes _____

No _____

All employment offers for unlicensed positions will be conditional in nature, pending the results of the applicant's CBC (criminal background check). The facility, in its sole discretion, will decide whether to convert employment from conditional into regular status after reviewing the contents of the CBC. All employment with this facility (whether conditional or regular) is "at will" which means that both the employer and the employee may terminate the employment relationship at any time, for any reason, with or without notice.

Providing false information on this application form, specifically including, but not limited to, information related to the applicant's prior criminal record, will result in immediate discharge from employment. A prior criminal record will not necessarily disqualify you from employment. Answer each question on this application form in a full and truthful manner. By signing your name in the space provided below, you affirm that your answers on this application are true, correct and complete.

Date

Signature

AFFIDAVIT

This Institution does not discriminate in hiring or any other decision on the basis of race, color, sex, religion, citizenship, national origin or on the basis of age or physical or mental disability. No question on this application is intended to secure information to be used for such discrimination.

I authorize, without liability, investigation of all statements in this application. I agree to take any blood, urine, saliva or other drug or alcohol test required by Company policy. I agree that the Company may terminate my employment or withdraw my job offer if I refuse to take such drug or alcohol test or fail such drug or alcohol test. I agree to take any medical examination required by the Company if I am offered employment. I agree that the Company may terminate me or withdraw my job offer if: (a) I refuse to take a required medical examination or; (b) the medical examination shows I am unable to perform the essential duties of the job I am offered with reasonable accommodation.

I authorize all schools which I attended and all previous employers to furnish to the Company my records, reason for leaving and all information they may have concerning me, and I hereby release them and the Company from all liability for any damages whatsoever arising there from.

I understand that if I am employed, I will be required to complete an Employment Verification Form (I-9), and within three days show satisfactory evidence of identity and eligibility for employment. In the event of my employment by the Company, I agree to abide by all present and subsequently issued rules of the company.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of facts appearing on this application form.

Signature _____

Date _____