

Carp Industries, Corp. DBA



Application For Employment

Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

Personal Information

Name			Date	
Address		City	State	Zip
Phone Number	Mobile Number	Email Address		
Are You A U.S. Citizen?		Have You Ever Been Convicted of a Felony?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If Selected For Employment Are You Willing To Submit to a Background Check and Pre-Employment Drug Screening Test?				
Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Social Security Number	Drivers License No.	Date of Birth	Marital Status	
			<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced	
Person to Contact in case of emergency		Relationship	Number of Dependents	

Position

Position You Are Applying For		Available Start Date	Desired Pay
Employment Desired		Professional Designations	
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Seasonal/Temporary	
Other Special Knowledge, Skills or Qualifications			
Computer Skills (Hardware/Software/Platform):			
ss			
List any work or personal experiences that you may have that you feel relates to the job applied for (this would include any hobbies or special interests.			

Education

Check Highest Grade Completed: High School 9 10 11 12
 College, Trade or Business 1 2 3 4

School Name	Location	Years Attended	Degree Received	Major

References

Name	Title	Company	Phone

Employment History

Employer (1)		Job Title	Dates Employed
Work Phone		Starting Pay Rate	Ending Pay Rate
Address		City	State Zip

Reason for Leaving:

Employer (2)		Job Title	Dates Employed
Work Phone		Starting Pay Rate	Ending Pay Rate
Address		City	State Zip

Reason fo Leaving:

Employer (3)		Job Title	Dates Employed
Work Phone		Starting Pay Rate	Ending Pay Rate

Address		City	State	Zip
Reason fo Leaving:				
Employer (4)		Job Title	Dates Employed	
Work Phone		Starting Pay Rate	Ending Pay Rate	
Address		City	State	Zip
Reason fo Leaving:				
Employer (5)		Job Title	Dates Employed	
Work Phone		Starting Pay Rate	Ending Pay Rate	
Address		City	State	Zip
Reason fo Leaving:				

Signature Disclaimer

I certify that my answers are true and complete to the best of my knowledge. I understand that the hiring process will be terminated, or in the event of my employment by the Company, I shall be subject to dismissal, if any information that I have given in this application in any resume or interview or any part of the hiring process is false or misleading, or if I have failed to give any information herein requested, or if I have withheld relevant information, regardless of the time elapsed after discovery.

I authorize the Company to inquire into my educational, professional and past employment history references as need to research my qualifications for this position as a condition of hiring. If hired I hereby give my consent to any former employer to provide employment-related information about me to the Company and will hold Company and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information. I also understand that criminal background and credit reports may be conducted in the course of the interview process, and I will be required to give authorization for such reports.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with the Company is intended to create an employment contract between myself and the Company under which my employment could be terminated only for cause. On the contrary I understand and agree that, if hired, my employment will be terminable at will and may be terminated by me or the Company at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.

If employed, I will be required to provide original documents that verify my identity and right to work in the United States under the Immigration Reform and Control act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

Name (Please Print)	Signature		
Date			