



APPLICATION FOR EMPLOYMENT

Palace Pointe
5050 Durham Rd
Roxboro, NC 27573

We are an equal opportunity employer dedicated to a policy of non-discrimination in employment on the basis of any classification protected by federal or state non-discrimination laws, including sex, age, race, color, religion, creed, national origin, disability, service in the armed forces of the United States, veterans status, and union affiliation.

This application consists of four (4) pages. It is important that you complete all four pages of this form fully and accurately. Please ask for assistance if you do not understand something.

Position(s) Applied for:	Date of application

Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number(s)				Social Security Number	

If you are under 18 years of age, you must obtain a youth employment certificate from the county social services office.

Have you ever applied for employment with us before? Yes No If yes, when _____

Have you ever been employed with us before? Yes No
If yes, when _____ Supervisor _____ Reason for leaving _____

Do any of your family, members work here? Yes No
If Yes, state name, relationship and location _____

Are you legally eligible to work in the United States? Yes No
Pursuant to the Immigration Reform and Control Act of 1986, you will be required to provide documentary evidence of your ability to work legally in the United States before beginning your employment.

Have you ever been convicted of, plead guilty or no-contest to, or otherwise been adjudicated or found responsible for a crime, other than a misdemeanor traffic violation? Yes No
If Yes, please describe fully the criminal conviction(s), listing the nature of the offense, the date of the offense, and your rehabilitation since the conviction(s). (A conviction record may not necessarily be a bar to employment.) _____

Date available for work ____ / ____ / ____ What is your desired salary range? _____

Are you available to work: Full Time Please indicate shift(s) available: 1 2 3
 Part Time Please indicate time(s) available: Mornings Afternoons Evenings Weekends

Are you available to work: Overtime Weekend hours

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

EDUCATION

School	Name and Address of School	Course of Study	Number of Years Completed	Graduated		Diploma, Degree, or Certificate Received
				Yes	No	
High School						
Undergraduate School						
Graduate/Professional						
Vocational, Trade, Other (specify)						

OTHER TRAINING

Describe below any specialized licenses, certificates, training, apprenticeship, and skills.

MILITARY EXPERIENCE (if applicable)

Branch of Service	Dates of Service		Military education
Highest rank achieved	From mo./yr.	To mo./yr.	Awards
Rank at discharge			
Did you receive at least a general discharge? Yes <input type="checkbox"/> No <input type="checkbox"/>			
List all MOS qualifications:			

WORK EXPERIENCE

List below your work experience, starting with your present or most recent employment. You may exclude organizations which indicate race, color, religion, gender, national origin, disability, or other protected status.

CURRENT EMPLOYMENT	Employer	Dates Employed		Work Performed
	Address	From mo./yr.		
	Telephone Number(s)			
	Starting/Present Job Title	Hourly Rate/Salary		
	Supervisor	Starting \$	Current \$	
	Reason for seeking other employment	per:	per:	May We Contact Your Present Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>

PAST EMPLOYMENT	Employer	Dates Employed		Work Performed
	Address	From mo./yr.	To mo./yr.	
	Telephone Number(s)			
	Starting/Final Job Title	Hourly Rate/Salary		
	Supervisor	Starting \$	Final \$	
	Reason for leaving	per:	per:	
PAST EMPLOYMENT	Employer	Dates Employed		Work Performed
	Address	From mo./yr.	To mo./yr.	
	Telephone Number(s)			
	Starting/Final Job Title	Hourly Rate/Salary		
	Supervisor	Starting \$	Final \$	
	Reason for leaving	per:	per:	
PAST EMPLOYMENT	Employer	Dates Employed		Work Performed
	Address	From mo./yr.	To mo./yr.	
	Telephone Number(s)			
	Starting/Final Job Title	Hourly Rate/Salary		
	Supervisor	Starting \$	Final \$	
	Reason for leaving	per:	per:	

Comments: Include explanation of any gaps in employment.

ADDITIONAL INFORMATION

Other Qualifications <i>Summarize special job-related skills and qualifications acquired from employment or other experience.</i>

PERSONAL/PROFESSIONAL REFERENCES *Do not include family members or past supervisors.*

Name	Phone Number	Occupation
1.		
2.		
3.		

APPLICANT'S STATEMENT

Please read the following statement carefully, in full. Please ask for assistance if you do not understand something.

1. I understand that if employed by EnterCo, LLC or any affiliated company ("Company"), I will be an employee at-will, which means that I can voluntarily end my employment or be terminated at any time for any reason or no reason at all. I also understand that neither this application nor any communication by a management representative is intended to create or creates a contract of employment. No statement, whether written or oral, by any Company representative other than a written statement signed by the President of the Company may vary the foregoing.
2. I hereby authorize the Company to contact any or all of my previous employers and references and authorize them to provide all information requested of them by the Company. I hereby release the Company, my former employers and others providing information from all liability whatsoever resulting from the providing of such information. I understand that any offer of employment is conditioned upon receipt of satisfactory references.
3. I understand and agree that, after a tentative offer of employment has been made, I will submit, at no personal expense, to a job-related medical examination by a physician selected by the Company. I hereby authorize the examining physician to disclose the findings of the examination to the Company. I understand that any offer of employment is conditioned upon receipt of satisfactory completion of the job-related medical examination.
4. I understand and agree that as a further condition of employment, I will abide by the Company's substance abuse policy. The substance abuse policy requires a pre-employment drug test and may also require drug and alcohol screening during the first 90 days of employment and with reasonable cause thereafter.
5. If hired, I agree to conform to the rules, regulations and policies of the Company, and I understand such rules, regulations and policies may be modified at any time the Company determines that it is necessary.
6. I have provided truthful and complete responses to all inquiries in the application. I understand that the discovery of any misrepresentation, falsification, or omission in my responses in this application constitutes grounds for disciplinary action, up to and including immediate dismissal.
7. I understand that this application expires and may be destroyed 90 days from the date of its submission.

I certify that I have read, understand and agree in full with the foregoing Applicant's Statement.

Date _____ Applicant's Signature _____