



(704) 237-0269

Email To: tommy@castawaysmc.com

Employment Application

Applicant Information

Full Name _____ Date _____
Last First M. I. Day Month year

Address _____
Street Address Apartment/unit #

City _____ State _____ Zip Code _____

Home Phone # _____ Cell Phone # _____

Email: _____ Desired Salary _____

Date Available _____ Social Security # _____

Are you a citizen of the United States ? Yes [] No [] Are you authorized to work in the U.S. ? Yes [] No []

Have you ever worked for this company ? Yes [] No [] Do you have a valid drivers license ? Yes [] No []

If yes, when? _____ Do you have a means of Transportation ? Yes [] No []

Have you ever been convicted of a felony ? Yes [] No [] Have you ever been convicted of a DUI ? Yes [] No []

If yes, explain : _____ If yes, when ? _____

Age _____ Race _____ Sex _____

Can you swim ? If so How well? Barely [] fair [] Great []

Position requesting _____ Carpenters Helper

Are you available to work full time ? _____

Are you available to work on Saturdays and an ocasional Sunday if needed ? _____

Are you ok with working on a roof ? _____

Do you use any tobacco products ? _____ If so what type and how much ?

Do you use any illigal drugs ? _____

Do you take any Medications under a doctors supervision ? [] If so list all medications below .

Check the box if you would be ok to have a random drug screening . []

Do you have any physical impairments ? _____ If so list any/all _____

Can you lift over 50 lbs ? _____ Do you have any back injuries ? _____

List any thing that you feel that I may need to know . _____

Education

High School _____ Address _____
From _____ To _____ Did you graduate? Yes No

College _____ Address _____
From _____ To _____ Did you graduate? Yes No

Other _____ Address _____
From _____ To _____ Did you graduate? Yes No

References

Full Name _____ Relationship: _____
Address _____ Phone # _____

Full Name _____ Relationship: _____
Address _____ Phone # _____

Full Name _____ Relationship: _____
Address _____ Phone # _____

Previous Employment

Company _____ Phone # _____
Address _____ Supervisor _____
Job Title: _____ Starting Salary \$ _____ Ending Salary \$ _____
Responsibilities _____
From _____ To _____
Reason for Leaving _____
May we contact your previous supervisor? Yes No

Company _____ Phone # _____
Address _____ Supervisor _____
Job Title: _____ Starting Salary \$ _____ Ending Salary \$ _____
Responsibilities _____
From _____ To _____
Reason for Leaving _____
May we contact your previous supervisor? Yes No

Company _____ Phone # _____
Address _____ Supervisor _____
Job Title: _____ Starting Salary \$ _____ Ending Salary \$ _____
Responsibilities _____
From _____ To _____
Reason for Leaving _____
May we contact your previous supervisor? Yes No

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Company _____ Phone # _____

Address _____ Supervisor _____

Job Title: _____ Starting Salary \$ _____ Ending Salary \$ _____

Responsibilities _____

From _____ To _____

Reason for Leaving _____

May we contact your previous supervisor? Yes No

Military Service

Branch _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than Honorable, Explain: _____

Special Skills

List any special skills _____
