



(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 of Birth _____ Day _____ Month _____ Year _____

Date Available _____ Social Security # _____ Age _____

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 <input type="checkbox"/> No <input type="checkbox"/>
College	_____	Address	_____
From	_____ To _____	Did you graduate ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other	_____	Address	_____
From	_____ To _____	Did you graduate ?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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 <input type="checkbox"/> No <input type="checkbox"/>		
Company	_____	Phone #	_____
Address	_____	Supervisor	_____
Job Title:	_____	Starting Salary	\$ _____
		Ending Salary	\$ _____
Responsibilities	_____		
From	_____ To _____		
Reason for Leaving	_____		
May we contact your previous supervisor ?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
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

Military Service

Branch _____

From: _____ To _____

Rank at Discharge: _____

Type of Discharge: _____

If other than Honorable, Explain: _____

Special Skills

List any special skills _____
