

4.

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATIO	DN		Ι	Date		
Name			SS#			
Last	First	Middle				
Present Address						
	Street	City	S	State	Zip	
Permanent Address		~~~~~				
	Street	City	S	State	Zip	
Phone Number			Are you 1	8 years or o	lder? Yes	No
Are you prevented fro	m lawfully becoming employed in the	nis country because of	f Visa or Immigra	tion Status?	Yes	No
EMPLOYMENT DESIRED						
Position	Date ye	ou can start		Salary Des	sired	
Are you employed now?		If so, may we	e inquire of your p	present emplo	oyer? Yes	No
Have you ever applied to the company before?		Where?		When	?	
Referred By:						
EDUCATION	Name & Location of School	No. of yrs. Attended	Did you graduate?	Sı	ubjects Studie	d
Grammer School					•	
High School						
College						
Trade/Business School						
GENERAL: Subjects or Spe	cial Study or Research Work:	· ·				
Special Job Related Skills (Li	st and Explain):					
1.						
1						
2						
3.						

FORMER EMPLOYERS (List last three, starting with the most recent)

Employment Dates	Name and Address of Employer	Title	Salary	Reason for Leaving	
From:					
То:					
Job Duties:					
Promotions:					
Supervisor:	Phone #:	May we contac	May we contact? Yes No		
Employment Dates	Name and Address of Employer	Title	Salary	Reason for Leaving	
From:	Name and Address of Employer	Title	Salary	Reason for Leaving	
	-				
To:					
Job Duties:	1 1				
Promotions:					
Supervisor:	Phone #: May we contact?			ct? Yes No	
Employment Dates	Name and Address of Employer	Title	Salary	Reason for Leaving	
From:	Name and Address of Employer	Title	Salary		
	-				
To:					
Job Duties:	1 1			I	
Promotions:					
Supervisor:	Phone #:		May we contac	ct? Yes No	

Tell us in your own words why you believe you can be an asset to our company:

References: Give the names of three people not related to you, whom you have known at least one year.

Name	Occupation	Phone Number	Years Acquainted

In case of emergency, notify: _____

Name

Address

Phone

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, resonations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time. In consideration with employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative other than its president, and then only when in writing and signed by the president, has an authority to enter into any agreement for employment for a specific period of time, or to make any agreement contrary to the foregoing.

Signature:___

Driving Record Information

We routinely check the driving records of all prospective applicants. Please give your name, as it appears on your driving license, your date of birth, and NC Drivers License Number.

me:	
DB:	
CDL:	

If you have been cited for any violations within the last 3 years, please list those violations below.

Violations:

This information is current and correct to the best of my knowledge. Failure to disclose the above information is grounds for dismissal.

Signature:_____ Date:_____



I ______ (Applicant) understand that any offer of employment with CopyPro, Inc. is contingent upon successful completion of a drug screen to be conducted at the expense of CopyPro and at a location to be designated by CopyPro. I further understand that, if heavy lifting id involved in the position for which I am applying, I must also pass a pre-employment physical.

Date: _____



To Applicant: _____

CopyPro, Inc. may obtain a consumer credit report on you from a consumer credit reporting agency for employment purposes.

No such report has been obtained as of this date.



Applicant Signature: _____ Date: _____

The information contained in my application for employment with (company name) CopyPro Inc. (hereinafter, "The Company") is true to the best of my knowledge and belief. I understand that any misrepresentation or false statement made by me in connection with the application or any related documents which is deemed material by the The Company shall result in The Company not employing me or, if employed, terminating my employment. I understand and agree that all information furnished in my application and all attachments may be verified by The Company or its authorized representative. I hereby authorize all individuals and organizations name or referred to in my application and any law enforcement organization to give The Company all information relative to such verification and hereby release such individuals, organizations and The Company from any and all liability for any claim or damage resulting therefrom. I hereby acknowledge that I have been informed by The Company that The Company may seek to obtain a consumer report and/or investigative report that will include personal information regarding me, including but not limited to, educational history, work references, driving record, drug testing and criminal convictions or arrest records if allowed, in order to assist The Company in making certain employment decisions. I further acknowledge notification by The Company that reports may be provided to The Company by other firms subcontracted for that purpose. I, my heirs, assigns and legal representatives, hereby release and fully discharge The Company, its parent and afflicted companies and the respective officers, directors, shareholders, employees, agents of each, including subcontractors, from any and all claims, monetary or otherwise, that I may have against The Company, its parent, affiliates or subcontractors, arising out of the making, or use if, either a consumer report and/or investigative report, including any errors or omissions contained in a consumer report, made at our request by Castle Branch Inc. You may obtain a free copy of the report within sixty days by calling Castle Branch Inc collect at (910) 815-3880 or toll free at (888)520-0520. The Company will make available to you "A Summary of Your Rights Under the Fair Credit Reporting Act".

PLEASE PRINT

Name (First, Middle, Last)		_ Date of Birth (mo/day/yr)
Maiden Name or "AKA" (First, Middle, Last)		_ Date Used (yr) from to
Social Security #	Driver's License #	State

Current and previous address(es). PROVIDE ALL ADDRESS FOR PREVIOUS 7 YEARS. (Use extra page if necessary)

Street	From
City, State, Zip, Country	То
Street	From
City, State, Zip, Country	
Street	From
City, State, Zip, Country	То
Applicant Signature	Date
signature	required

FOR EMPLOYER USE ONLY			
Contact: Anita Sutton	Email:anitasutton@copypro.net		
Phone:252-756-3175	Fax:252-756-1905		
County Criminal-All Counties past 7 years	Social Security Verification		
County Criminal- County of Residence	Residency History		
Statewide Criminal - (State:)	Employment Verification (previous employers)		
Federal Criminal – Nationwide	Reference verification (References)		
Federal Criminal – Statewide (State:)	Education Verification (highest completed)		
Civil Records – County of Residence	Professional License Verification		
Civil Records – (All counties past 7 years)	Credit Report – Employment		
Parole & Probation Records (State:)	Credit Report - Tenant		
Sexual Offender Index Check (State:)	Search Maiden Name, Birth Name or "AKA"		
Motor Vehicle Records (State:)	(each name constitutes an additional search)		

N.C. Department of Transportation Division of Motor Vehicles

DRIVER LICENSE SECTION

Driver Privacy Protection Act Authorization To Disclose Personal Information (DL-DPPA-2)

I understand that personal information contained in my Motor Vehicle records is protected by the federal Privacy Protection Act and N.C. General Statutes 20-43.1. I hereby authorize that the personal information in my file may be released to the following person:

Your signature: _____

Your full name as it appears on your license (print clearly):

Your Driver License/ID Number: _____

Date: _____