

Skill Creations, Inc.
Post Office Box 1664
Goldsboro, North Carolina 27533-1664

EMPLOYMENT APPLICATION

FULL NAME:

(First) _____ (Middle) _____ (Last) _____ DATE _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PHONE: _____

HOME WORK OTHER
ALL EMPLOYEES ARE REQUIRED TO HAVE A WORKING PERSONAL TELEPHONE

SOCIAL SECURITY NUMBER: _____ NC DRIVERS LICENSE #: _____

YOU MUST HAVE A VALID NC DRIVER'S LICENSE AND ACCEPTABLE DRIVING RECORD TO BE HIRED INTO A POSITION THAT REQUIRES YOU TO DRIVE DURING THE COURSE OF YOUR EMPLOYMENT.

HAVE YOU RESIDED IN ANY OTHER STATE OTHER THAN NORTH CAROLINA IN THE PAST 5 YEARS?

___ YES ___ NO IF YES, PLEASE INDICATE WHAT STATE _____

POSITION APPLYING FOR: _____ FACILITY LOCATION: _____

PLEASE CIRCLE THE POSITION(S) YOU WOULD BE ABLE TO ACCEPT: FULLTIME PARTTIME BACKUP ANY

HOURS AVAILABLE TO WORK: _____ SHIFT: _____

EDUCATION:

HIGH SCHOOL: _____

LOCATION: _____ DATE OF GRADUATION: _____

COLLEGE: _____

LOCATION: _____ DATE OF GRADUATION: _____

OTHER SCHOOL: _____

DEGREE/CERTIFICATION: _____ COURSE/STUDY: _____

WORK EXPERIENCE: (LIST PRESENT OR MOST RECENT EMPLOYERS FIRST)

MAY WE CONTACT YOUR PRESENT EMPLOYER FOR REFERENCES? ___ YES ___ NO

1. POSITION: _____ EMPLOYER: _____

FULL/PART TIME: _____ DATE HIRED: _____ DATE SEPARATED: _____

REASON FOR LEAVING: _____

2. POSITION: _____ EMPLOYER: _____

FULL/PART TIME: _____ DATE HIRED: _____ DATE SEPARATED: _____

REASON FOR LEAVING: _____

3. POSITION: _____ EMPLOYER: _____

FULL/PART TIME: _____ DATE HIRED: _____ DATE SEPARATED: _____

REASON FOR LEAVING: _____

LIST VOLUNTEER OR INTERNSHIP EXPERIENCES: _____

PLEASE INDICATE WHETHER YOU ARE ABLE TO PERFORM ALL OF THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU HAVE APPLIED, AND IF NOT, INDICATE WHICH FUNCTIONS YOU CANNOT PERFORM AND WHY: _____

HOW MANY POINTS DO YOU HAVE ON YOUR DRIVING RECORD? _____
HAVE YOU EVER BEEN CONVICTED OF A D.W.I.? _____ IF SO, WHEN? _____

HAVE YOU EVER BEEN FIRED OR ASKED TO RESIGN A POSITION? _____
IF YES, PLEASE EXPLAIN: _____

HAVE YOU EVER WORKED FOR ANY SKILL CREATIONS, INC. FACILITY? _____
IF YES, WHEN AND WHERE: _____

*ARE YOU RELATED TO ANYONE CURRENTLY EMPLOYED BY SKILL CREATIONS, INC.? _____
IF YES, WHO? _____ WHAT FACILITY? _____

*HAVE YOU EVER BEEN CONVICTED OF A CRIME? _____ IF YES, PLEASE GIVE THE
DETAILS: _____

* = A positive answer will not necessarily bar employment.

HAVE YOU EVER BEEN A CAREGIVER, IN ANY CAPACITY, AT ANY FACILITIES OR INSTITUTIONS OTHER THAN YOUR WORK EXPERIENCE LISTED ON THE PREVIOUS PAGE? IF YES, STATE WHERE AND WHEN: _____

AN OFFER OF AND ACCEPTANCE OF EMPLOYMENT BETWEEN SKILL CREATIONS, INC. AND THE EMPLOYEE DOES NOT CREATE NOR CONSTITUTE A CONTRACT FOR EMPLOYMENT, ONLY A RELATIONSHIP OF EMPLOYMENT AT WILL. EMPLOYMENT RETENTION IS CONTINGENT UPON A NEGATIVE TB TEST AND AN SBI CRIMINAL RECORD CHECK THAT MEETS THE CRITERIA SET IN OUR POLICIES.

I UNDERSTAND THAT A SBI CRIMINAL BACKGROUND SEARCH AND/OR NATION-WIDE CRIMINAL CHECK WILL BE REQUESTED CONTINGENT UPON MY EMPLOYMENT WITH SKILL CREATIONS, INC. AND I GIVE MY CONSENT FOR THE BACKGROUND CHECK TO BE REQUESTED.

Applicant's Signature

Date of Signature

In signing this application for employment, I understand that any misleading, incorrect, or dishonest statement of facts is cause for immediate dismissal, if I am employed. I hereby authorize Skill Creations, Inc. to investigate thoroughly, the information that I have shown on this application. Further, my signature on this application indicates my willingness to undergo drug screening, if I am employed.

Applicant's signature

Date of Signature

The above named applicant for employment is hereby advised that SCI may take all measures allowed by law in the investigation of any allegedly illegal or otherwise improper actions on the part of any employee, and in verifying the accuracy of statement made in the application. The application is advised that a check of criminal records will be made to verify the information given.

SKILL CREATIONS, INC. IS AN EQUAL OPPORTUNITY EMPLOYER.