Carolina Building and Management LLC Employment Application

		Арі	Jilcant Illioilla	LIOII		
Full Name:					Date:	
	Last		First		M.I.	
Address:						
Addiess.	Street Address				Apar	tment/Unit #
	 City			Star	te ZIP C	ada
	City			3101	ie zir c	oue
Phone:			Email:			
Date Availa	able:	Social Securit	ty No.:		Salary Desired: \$	
Position De	esired:					
Have you	ever worked for our C	ompany before?				☐ Yes ☐ No
Do you ha	ave reliable transporta	tion to get to work?				☐ Yes ☐ No
-		oyment in the United Stat	tes?			☐ Yes ☐ No
=	6 years of age or older					☐ Yes ☐ No
=	_	or forced to resign from a	job?			☐ Yes ☐ No
	ase explain.	ary action from your empl	lover over the last 1	12 months?		☐ Yes ☐ No
	ase explain.	ary action from your empi	oyer over the last.	LZ IIIOIItiis:		LI TES LINO
		evaluation within the last	12 months?			☐ Yes ☐ No
If yes, plea	ase provide your over	all score.				
List the na	ames of any relatives,	friends or acquaintances o	currently employed	by our Company o	r its affiliates.	
List any lir	mitations on the hours	you are available to worl	k			
Have you	signed any non-compe	ete or non-solicitation agr	eement(s) with any	other employer th	at might	
-	ou from working for ou	• •				☐ Yes ☐ No
=	ever been convicted o	f a felony?				☐ Yes ☐ No
If yes, exp	olain					
			Education			
Na	ame, City, State of Edu	cational Institution	Graduated? (Yes or No)	If No, Degree Credits Earned	Type of Degree Received/Expecte	d Major
High Scho		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	,,		, == p 3000	,
College/U						
Technical/	•					
Licenses/C	Certification:				1	1

Employment History

Please begin with the most recent or current employer.

Company:	Ph	one:
Address:	Superv	isor:
Job Title:	From:	То:
Reason for Leaving:	Starting Salary: \$	Ending Salary: \$
Responsibilities:		
May we contact your previous supervisor for a reference?	YES □ NO □	
Company:	Ph	one:
Address:	Superv	isor:
Job Title:	From:	To:
Reason for Leaving:	Starting Salary: \$	Ending Salary: \$
Responsibilities:		
May we contact your previous supervisor for a reference?	YES 🗆 NO 🗖	
Company:	Dh	one:
Address:	_	
Job Title:	From:	
Reason for Leaving:	Starting Salary: \$	Ending Salary: \$
Responsibilities:		
May we contact your previous supervisor for a reference?	YES NO D	
Please explain any gaps in employment.		
Milit	ary Service	
Branch:	From:	To:
Rank at Discharge:	Type of Discharge:	
If other than honorable, explain:		

Please supply three professional (not personal) refer	ences
	Relationship:
' <u>'</u>	Phone:
ull Name:	Relationship:
	Phone:
	Relationship:
Company:	Phone:
with my employment is true and complete. I of information, regardless of time of discover If employed by this Company and in consider	agree and understand that any falsification, omission or misrepresentation y, may cause forfeiture on my part of any employment with this Company.
with my employment is true and complete. In of information, regardless of time of discover of employed by this Company and in considered Company and agree that my employment and without notice, at any time, either at my option of my information provided in this application. I also reducational institutions. I authorize all parties work history, background and qualifications. In any persons from any and all liability for any as well as from the use or disclosure of such in the content of the presented to mean the presented	agree and understand that any falsification, omission or misrepresentation by, may cause forfeiture on my part of any employment with this Company. It is compensation can be terminated at will, with or without cause, with or on or at the option of this Company. I authorize the investigation of all to authorize this Company to contact my employers, references and its to provide information without limitations pertaining to my character, I further waive any rights to privacy attached hereto and release all parties damages that may result from furnishing such information to this Company of its agents, associates, representative ent is contingent upon successful drug and/or alcohol screening and criminal interest for the drug/alcohol screening will result in withdrawal of a job tree to arbitrate any and all disputes with the company pursuant to an by this Company. I further understand that any and all information learned
with my employment is true and complete. In of information, regardless of time of discover of employed by this Company and in considered Company and agree that my employment and without notice, at any time, either at my option of the provided in this application. I also reducational institutions. I authorize all parties work history, background and qualifications. In any persons from any and all liability for any as well as from the use or disclosure of such in the presented to mean the presented to m	ation of my employment, I agree to abide by the rules and regulations of this compensation can be terminated at will, with or without cause, with or on or at the option of this Company. I authorize the investigation of all to authorize this Company to contact my employers, references and test to provide information without limitations pertaining to my character, I further waive any rights to privacy attached hereto and release all parties damages that may result from furnishing such information to this Company of the formation by this Company or any of its agents, associates, representative ent is contingent upon successful drug and/or alcohol screening and criminal intment for the drug/alcohol screening will result in withdrawal of a job

THIS COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER. ALL APPLICANTS SHALL BE AFFORDED EQUAL OPPORTUNITY IN ALL ASPECTS OF EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, RELIGION, POLITICAL AFFILIATION, NATIONAL ORIGIN, DISABILITY, MARITAL STATUS, GENDER OR AGE.