## **EMPLOYMENT APPLICATION**

Please complete the entire application.

1. Employer Information

Employer:	Coldan Services, LLC
Address:	4475 George Abbott Road
City/State/ZIP:	La Grange, North Carolina 28551
Telephone:	252-582-3039

It is the policy of Coldan Services, LLC to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

2. Applicant Information

Applicant Full Name:		
Home Address:		
City/State/ZIP:		
Number of years at this address:		
Daytime phone:	Evening phone:	
Mobile phone:		
Social Security Number:		
Driver's License (State/Number):		
3. Emergency Contact		
Who should be contacted if you are inv	volved in an emergency?	
Contact Name:		
Relationship to you:		
Address:		
City/State/ZIP:		
Daytime phone:	Evening phone:	
4. Job Position Applied For:		
Full or Part Time?		
5. Salary Desired: \$	per	

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Are you at least 18 years old?	Yes	No
How will you get to work?		
If you are offered employment, when would you b	be available to begi	n work?
If hired, are you able to submit proof that you are l employment in the United States? Yes	egally eligible for	No
Are you able to perform the essential functions of or without reasonable accommodation?		
What reasonable accommodation, if any, would y	ou request?	

List any skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the number which corresponds to your ability for each particular skill. (One represents poor ability, while five represents exceptional ability.)

		Ability
		or
Skill	Years of Experience	Rating
		12345
		12345

12. Applicant Employment History

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

Employer Name:			
Supervisor Name:			
Address:			
City/State/ZIP:			
Job Duties:			
Reason for Leaving:			
Dates of Employment (Month/Year):			

Employer Name:
Supervisor Name:
Address:
City/State/ZIP:
Job Duties:
Reason for Leaving:
Dates of Employment (Month/Year):
Employer Name:
Supervisor Name:
Address:
City/State/ZIP:
Job Duties:
Reason for Leaving:
Dates of Employment (Month/Year):
<ul><li>13. Applicant's Education and Training</li><li>College/University Name and Address</li></ul>
Did you receive a degree? Yes No If yes, degree(s) received
High School/GED Name and Address
Did you receive a degree?YesNo
Other Training (graduate, technical, vocational):
Please indicate any current professional licenses or certifications that you hold:
Awards, Honors, Special Achievements:
Military Service: Yes No Branch:
Specialized Training:
14. References

List any two non-relatives who would be willing to provide a reference for you.

Name:	 	
Address:	 	
City/State/ZIP:	 	
Telephone:	 	
Relationship:	 	
Name:	 	
Address:	 	
City/State/ZIP:	 	
Telephone:	 	
Relationship:	 	

15. Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer:

## CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Coldan Services, LLC to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its \_\_\_\_\_\_, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Coldan Services, LLC, except in a specific written contract of employment signed on behalf of the organization by its \_\_\_\_\_\_, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE

DATE