

# Application For Employment

Atlantic Coast Contractors, Inc  
P.O. Box 463  
Denver, NC 28037

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We consider applicant for all positions without regard to race, color, religion, sex, National origin, age, marital or veteran status, the presence of a non job- related medical condition or handicap, or an other legally protected status.  
(Please Print)

position (s) Applied for \_\_\_\_\_ Date of Application \_\_\_\_\_

How did you hear about us?  Advertisement  Friend  Walk-In  
 Employee Agency  Relative  Other

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address: \_\_\_\_\_ Number \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number (s) \_\_\_\_\_  
Do you have a Drivers License?  Yes  No  
If Yes give State \_\_\_\_\_ Drivers License # \_\_\_\_\_

References:	Name	Phone	How You Know?
	_____	_____	_____
	_____	_____	_____

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Have you ever filed an application with us before?  Yes  No  
If yes give date : \_\_\_\_\_

Have you ever been employed with us before?  Yes  No  
If yes give date: \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you prevented form lawfully becoming employed in this Country because of Visa or Immigration Status?  
Proof of citizenship or immigration status will be required upon employment.  Yes  No

On What date would you be available for work? \_\_\_\_\_

Are you available to work Full Time:  Yes  No Travel if required  Yes  No

Have you been convicted of a felony within the last 7 years  Yes  No  
Conviction will not necessarily disqualify an applicant form employment

If yes please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Employment Experience

Start with your present or last job . Include any job related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status

1-	Employer		Date Employed		Work Performed
			From	To	
	Address				
	Telephone Number (s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reson for Leaving					
2-	Employer		Date Employed		Work Performed
			From	To	
	Address				
	Telephone Number (s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reson for Leaving					
3-	Employer		Date Employed		Work Performed
			From	To	
	Address				
	Telephone Number (s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reson for Leaving					
4-	Employer		Date Employed		Work Performed
			From	To	
	Address				
	Telephone Number (s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reson for Leaving					

If you need additional space, please continue on a separate sheet of paper

## Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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PLEASE COMPLETE THE FOLLOWING INFORMATION

In case of Accident, Contact :

Phone :

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

When was your Most Recent Physical Examination ? \_\_\_\_\_

Name and Address of Doctor: \_\_\_\_\_

Do you have any Physical Disability or Deformity?  Yes  No  No

If yes, please describe: \_\_\_\_\_

Have you now or have you ever had any of the following :

Defective Eyesight	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Heart Trouble	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Reumatism/Arthritis	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
High Blood Pressure	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Defective Hearing	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Back Trouble/injury	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Allergies	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Eczema	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Communicable Disease	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Cancer	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Heart Disease	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Anxiety/Depression	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Disorders of Spine/Joints/or bones	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Ulcers/Stomach Trouble	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Skin Eruptions	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Dizziness	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Kidney Trouble	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Veneral Disease	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Rupture	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Diabetes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Tuberculosis	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Epilepsy	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Anemia	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Asthma	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Nervous Disorder	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Liver Trouble	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Hernia	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Alcohol/Drug Dependency	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Anemia	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

If you answered yes to any of the above, please explain. \_\_\_\_\_

Have you ever been injured and received treatment  Yes  No

If yes please describe: Did you receive Medical  
Nature of Injury      Date      Cause of Injury      Loss time Workman Compensation  
 Yes  
 No

Name, Address and Phone number of Physician \_\_\_\_\_

I warrant (\*) That this information given here is true and accurate and authorize you to consult physicians and employers.

Date: \_\_\_\_\_ Signed \_\_\_\_\_

(\*) Warrant means that misinformation makes you subject to dismissal and may prevent you from receiving Workman's Compensation benefits.

Job Classification: \_\_\_\_\_ Scale \_\_\_\_\_