

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Federal law prohibits discrimination in hiring or employment on the basis of race, color, sex, religion, disability, national origin, citizenship, or on the basis of age. No question on this application is intended to secure information to be used for such discrimination. Proof of identity and work authorization will be required upon employment in accordance with federal regulations. ***This Company intends to verify the accuracy of the statements you make on this application.*** This application will receive consideration for thirty (30) days. If you have not heard from the Company within thirty days and wish to receive further consideration for employment, you must reapply in person.

TODAY'S DATE: _____

PERSONAL INFORMATION

Name _____
(Last) (First) (Middle) (Suffix)

Present Address _____
(Street) (City) (State) (Zip)

Telephone Number _____ Referred by _____

Are you 18 years of age or older? _____ If no, list date of birth ____/____/____
(mo) (day) (year)

GENERAL

Are you legally eligible for employment in the U.S.? YES NO
(Proof of eligibility will be required before you can be employed)

What date are you available for employment? _____

Have you ever applied for a position with this Company? YES NO When _____

Are you presently on layoff or leave of absence from any other company? YES NO

If yes, please explain _____

Have you ever pleaded guilty, "no contest" to, or been convicted of a crime other than a minor traffic violation? YES NO If yes, please state citation, date and place of occurrence _____

Type of employment desired? Full-time Part-time Summer

For what type of position are you applying? _____

Are you restricted to working only certain hours of the day? YES NO If yes, indicate the hours you are available _____

Are you restricted to working certain days of the week? YES NO If yes, indicate the days you are available M T W TH F Sat

EDUCATION

Circle highest grade completed

6 7 8 9 10 11 12

Junior High or High School

1 2 3 4 5

College or University

1 2 3 4

Graduate School

Type	Name	Location	Major Subject or Course of Study	Did you Graduate?
High School				
College				
Business or Trade School				
Other (Specify)				
Graduate School				

Degree(s) obtained:

DRIVING INFORMATIONDo you have a current driver's license? YES NO Class _____

State _____ License No _____ Exp Date _____

Has your driver's license ever been suspended or revoked? YES NO If yes, please explain circumstances _____

Please list all moving traffic violations in the past five (5) years:

_____	_____	_____	_____	_____	_____
Offense	Date	Location	Offense	Date	Location

_____	_____	_____	_____	_____	_____
Offense	Date	Location	Offense	Date	Location

FORMER EMPLOYERS (list previous four (4) employers, starting with most recent first)

Date Month & Year	Name & Address of Employer	Salary	Position	Reason for leaving
From				
To				
From				
To				
From				
To				
From				
To				

REFERENCES (provide the names of three people, not related to you, whom you have known for at least one year)

NAME	ADDRESS	BUSINESS	YEARS KNOWN
1.			
2.			
3.			

SPECIAL SKILLS

What knowledge, special training, computer skills and/or other qualifications have you acquired from employment or other experience? Include any specific equipment that you can proficiently operate: _____

AFFIDAVIT

As an applicant, I understand the following:

- Any misrepresentation or falsification of information requested here will be cause for rejection of this application or for subsequent discipline up to and including my dismissal from employment.
- If my application for employment is accepted, the effective date of my employment shall be the time I actually begin to work. If I am employed, I agree to comply with the safety and health rules and regulations of the company.
- No management official is authorized to make any oral assurance or promise of continued employment.
- I authorize investigation of all statement contained in this application.
- I understand and agree that, if hired, my employment is "at will." This means that either I or the Company may end the employment relationship at any time and for any or no reason.

Date

Signature

ATTACHMENTS

- Consent to Obtain Driver Information
- Consent to Obtain Background Information

CONSENT TO OBTAIN DRIVER INFORMATION

**Employer: Morrison Brothers Building Center, LLC
267 Corban Avenue, SW
Concord, NC 28025**

DRIVER NAME: _____

DATE OF BIRTH: _____

DRIVER'S LICENSE NUMBER: _____ STATE: _____

SOCIAL SECURITY NUMBER: _____

Consent:

My signature on this form provides the above employer or prospective employer permission to obtain a copy of my Motor Vehicle Report (MVR). I understand that this information is private and that it will be treated confidentially.

Date

Signature

**WOLFE REALTY CHECK CONSUMER REPORT AND
INVESTIGATIVE CONSUMER REPORT DISCLOSURE
(FOR EMPLOYMENT PURPOSES)**

In connection with your employment or application for employment (including contract for services) and continued employment with us and in accordance with applicable laws, a consumer reporting agency (“Agency”) may obtain or assemble consumer reports and/or investigative consumer reports (collectively “Reports”) which may include information about you related to previous employment (including employers, dates of employment, salary information, reason for termination, etc.), accident history, academic history, verification of references and other information supplied by applicant, professional credentials, drug/alcohol use in violation of law and/or company policy, driving record, workers’ compensation claims, criminal history records, information about your character, general reputation, personal characteristics and mode of living (collectively, “information”). Information may be obtained from governmental agencies, educational institutions, Agency clients, personal references, personal interviews and other information suppliers (collectively, “Suppliers”), and any report of an interview between the Agency and you.

PART I – AUTHORIZATION FOR RELEASE OF INFORMATION (FOR EMPLOYMENT PURPOSES)

I hereby authorize Agency to receive information and disclose such information to its customers for the purpose of making a determination as to my eligibility for employment, promotion, retention or other lawful purpose. If hired or contracted, I authorize Agency to retain this document on file to act as ongoing authorization for the procurement and possession of Reports at any time during my employment or contract period. I fully release Agency and Suppliers from all claims of damages related to the investigation of my background and provision of information as set forth in this disclosure and authorization. I agree that information in Agency’s possession may be supplied by Agency for legally permissible purposes; provided, such information will not include the Drug and Alcohol information set forth above, unless I have given a separate consent for Agency to share such information.

By signing below, I certify that: (i) all information provided herein is complete and accurate, (ii) I have read and fully understand this disclosure and authorization for release, (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose, (v) I understand I may review this document with legal counsel prior to signing, (vi) I authorize Agency and any personal or entity contacted by Agency to furnish the above mentioned information, and (vii) facsimile or photographic copies of this authorization are as valid as the original.

I understand that if I do not consent, any offer of my employment or contract will be withdrawn. If hired, failure to cooperate with you or Agency regarding a current or future report will be cause to terminate my employment or contract.

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

LEGAL PRINTED NAME: _____

ADDRESS: _____

DRIVER’S LICENSE STATE AND NUMBER: _____

SIGNATURE: _____ TODAY’S DATE: _____