

COPPER WORKS INC.
EMPLOYMENT APPLICATION
 An Equal Opportunity Employer

P.O. Box 944
 Harrisburg, NC 28075

Office: (704) 723-6396
 Fax: (704) 723-6398

Position You Are Applying For: _____

Acceptable Salary \$: _____

Date Available: _____

This application must be printed in ink (or typed) and signed. Completely answer *all* questions so that we may fully and accurately evaluate your qualifications. A *separate* application is required for each advertised position for which you wish to apply.

PERSONAL DATA

NAME	First	Middle	Last
Address	City	State	Zip Code
Home Number	Cell Number	E-mail	

GENERAL INFORMATION

Name	Address	Telephone
Person to be notified in case of an emergency: Have you previously been employed by Copper Works Inc.? If yes, when?		
List relatives now employed by Copper Works Inc. and their relationship:		
Have you ever been incarcerated?		
Have you ever been convicted of a felony offense?		
Have you been convicted of a misdemeanor, including traffic violations, in the past five years?		
For each conviction, please list:		
Date	Offense	Disposition

Use additional sheet(s) if necessary. Note: A conviction record will not necessarily exclude you from employment. Factors such as age at time of offense, rehabilitation efforts, how recent the offense was, and nature of the offense will be taken into consideration.

EMPLOYMENT HISTORY

Begin with present employer and work back, use additional sheets if necessary

May we contact your present employer?	*(we will only do so if you permit)
1. Employer:	Duties:
Job Title:	
From: To:	
Address:	
City: State:	
Telephone:	
Supervisor:	
Number you supervised:	
Starting Salary: \$	
Ending Salary: \$	
Reason for Leaving:	

2. Employer:	Duties:
Job Title:	
From: To:	
Address:	
City: State:	
Telephone:	
Supervisor:	
Number you supervised:	
Starting Salary: \$	
Ending Salary: \$	
Reason for Leaving:	

3. Employer:	Duties:
Job Title:	
From: To:	
Address:	
City: State:	
Telephone:	
Supervisor:	
Number you supervised:	
Starting Salary: \$	
Ending Salary: \$	
Reason for Leaving:	

EDUCATION

High School _____ Did you graduate? YES NO
Address _____ Dates attended: From _____ To _____

College / Other _____ Did you graduate? YES NO
Address _____ Dates attended: From _____ To _____

MILITARY RECORD

Have you ever served in the U.S. Military Service?
Dates served: _____ Discharge Date: _____
Duty Assignments:
Education or Work Experience Acquired:

SKILLS, CERTIFICATIONS

Please list any skills, abilities, special certifications, licenses, foreign languages, special training, or courses you have had that you feel are applicable to the position for which you are applying. Include skills with equipment or machines you operate.	
1.	7.
2.	8.
3.	9.
4.	10.
5.	11.
6.	12.

GENERAL QUESTIONS

Do you have a valid Driver’s License? (select one) YES NO

Do you have your own tools? (select one) YES NO

If Yes, what ones do you have (basic hand tools)? Please list _____

If hired at Copper Works, Inc. can we expect that you will be at work every day and on time? (select one) YES NO

Are you able to work out of town if/when necessary? (select one) YES NO

List any additional information you would like for Copper Works, Inc. to know while considering you for employment.

REFERENCES

List three persons who are not related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed in Employment History.

Name	Business/Occupation	Address	Telephone

AFFIDAVIT **PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that a background check of my credit, criminal, driving, education, or other records may be conducted before employment. I permit Copper Works Inc. to conduct a police and court records investigation of my background if relevant for the job for which I am applying.

I understand that as a condition of my employment, I will be required to furnish documentation verifying my identity and eligibility to work in the United States.

I authorize any and all of my current and previous employers, including the U.S. Government or U.S. Military, and other persons, registration and licensing boards, and educational institutions listed on my application, to provide Copper Works, Inc. with any job related information requested. I waive any right to legal claims against a disclosing person, employer, or institution and the prospective employer seeking and using this information for hiring purposes. Copper Works, Inc. will maintain confidentiality of this information as required by North Carolina General Statute 153A-98.

I understand that if I am considered for employment, it may be conditioned upon my successfully passing a complete physical exam. Copper Works, Inc. prohibits discrimination on the basis of race, sex, handicap, age, religion, political affiliation, or national origin. I agree to provide any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand I will be required to successfully pass a pre-employment drug screening examination. I hereby consent to pre- and post-employment drug screenings as a condition of employment as required by the Copper Works, Inc. Drug and Alcohol Free Workplace Policy. There will be no tolerance where this is concerned, and will lead to termination if violated.

I certify that if I am a male between the ages of 18 and 26, I am aware of and in compliance with all applicable registration requirements of the Military Selective Services Act.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYEMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT MY EMPLOYMENT WILL BE THAT OF AN EMPLOYEE AT WILL.

I have read, understand, agree, and consent to the above by my signature.

Print Full Name

Signature

Date



CONSENT TO OBTAIN DRIVER INFORMATION

EMPLOYER _____

DRIVER NAME _____

DATE OF BIRTH _____

SOCIAL SECURITY NUMBER _____

DRIVER'S LICENSE NUMBER _____ STATE _____

CONSENT FORM:

My signature on this form gives 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.

Signature _____

Date _____