# COPPER WORKS INC. EMPLOYMENT APPLICATION

#### **An Equal Opportunity Employer**

P.O. Box 944 Office: (704) 723-6396 Harrisburg, NC 28075 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** Middle NAME First Last Address Zip Code City State Home Number Cell Number E-mail **GENERAL INFORMATION** Address Telephone Name 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 City/State 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:	Dischar	ge Date:		
Duty Assignments:				
Education or Work Experience Acquired:				
SKILLS, CERTIFICATIONS				
Please list any skills, abilities, special certifications, license that you feel are applicable to the position for which you a 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)? Ple	ase list			
If hired at Copper Works, Inc. can we expect that you will	be at work ever	ry day and on time? (s	select o	ne) YES NC
Are you able to work out of town if/when necessary? (sele	ect one) YES	NO		
List any additional information you would like for Copemployment.	pper Works, In	c. to know while co	nsideri	ng you for

#### 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.

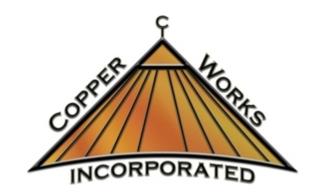
I understand I will be required to successfully pass a pre-employment drug screening examination. I hereby consent to pre- and post-employment drug screenings as a condition of employment as required by the Copper Works, Inc. Drug and Alcohol Free Workplace Policy. There will be no tolerance where this 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	
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## **CONSENT TO OBTAIN DRIVER INFORMATION**

EMPLOYER	
<del></del>	
DRIVER NAME	
DATE OF BIRTH	
SOCIAL SECURITY NUMBER	_
DRIVER'S LICENSE NUMBERSTATE	
CONSENT FORM:	
My signature on this form gives the above employer or pros Vehicle Report (MVR). I understand that this information is	
Sign	nature
Dat	re