



P.O. Box 3019 — 100 Fairview Road \* Asheville, NC 28803 \* Phone: (828) 274-2100 \* Fax: (828) 274-0000

## Application for Employment

*This Application is Active for 60 Days*

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify a representative of the Human Resource Department.

EMPLOYMENT WITH THE SLOSMAN CORPORATION IS CONTINGENT UPON THE SUCCESSFUL COMPLETION OF A MEDICAL EVALUATION AND/OR DRUG SCREENING TEST. SUCCESSFUL COMPLETION OF THE TEST IS NO GUARANTEE OF EMPLOYMENT OR JOB AVAILABILITY.

Name in Full \_\_\_\_\_ Date \_\_\_\_\_

Present Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ How long there? \_\_\_\_\_

Social Security Number \_\_\_\_\_ If you are under 18, and it is required, can you furnish a work permit? \_\_\_

Are you legally eligible for employment in this country? \_\_\_ Yes \_\_\_ No Wages Expected \_\_\_\_\_ per hour

Position(s) applied for \_\_\_\_\_ Date available \_\_\_\_\_

Will you be able to work overtime if asked? \_\_\_\_\_ Are you able to meet the attendance requirements of the job? \_\_\_\_\_

Previously employed here? \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Dept. \_\_\_\_\_

Referral Source: \_\_\_ Advertisement \_\_\_ Employee \_\_\_ Relative \_\_\_ Government Employment Agency  
 \_\_\_ Walk-in \_\_\_ Private Employment Agency \_\_\_ Other \_\_\_\_\_

Type of School	Name and Location of School	No. of Years Attended	Degree/Diploma	GPA Class Rank	Major	Minor
Grammar School						
High School						
College/University						

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. \_\_\_\_\_

### List professional, trade, business or civic associations and any offices held.

EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS.

Organization	Offices Held

Have you ever pled “guilty” or “no contest” to, or been convicted of a crime? \_\_\_ Yes \_\_\_ No  
 If yes, please provide date(s) and details \_\_\_\_\_

ANSWERING “YES” TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS, AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

## Employment History

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Also give reason for lapse of time where a period of termination from one place of employment does not fit into the next place of employment.

Employer's Name, Address and Phone Number	Supervisor	Kind of Work	Wages Per Hour	Date Started	Date Left	Reason
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## Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurance to the contract and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

### DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

