

Application For Employment



Equipment Corporation
6 Kitty Hawk Lane
Elizabeth City, NC 27909
Email: humanresources@hockmeyer.com

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For			Date of Application		
How Did You Learn About Us?					
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Friend		<input type="checkbox"/> Walk-In	
<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Relative		<input type="checkbox"/> Other _____	
Last Name		First Name		Middle Name	
Address		Number		Street	
			City		State
					Zip Code
Telephone Number(s)				Social Security Number	

If you are under 18 years of age, can you provide required proof of 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 from lawfully becoming employed in this country due to Visa or Immigration status? Yes No
Proof of citizenship or immigration status will be required upon employment

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony in the last 7 years? Yes No
Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain _____

Education

	Name of School & Location	Course Study	Date-(Month/Yr) Attended/Completed From – To:	Diploma/ Degree
High School			---	
Undergraduate School			---	
Other (Specify)			---	
Indicate any foreign languages you can speak, read and / or write				
	Fluent	Good	Fair	
Speak				
Read				
Write				
Describe any specialized training, apprenticeship, skills, and extra-curricular activities relevant to the position.				
Describe any job-related training received in the United States Military.				
Equipment & Software Training / Skills				
Certifications				
State any additional information that may be helpful to us in considering your application				

<p>List professional, trade, business or civic activities and offices held. <i>You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.</i></p>

<p>Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.</p> <p>Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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, disabilities, or other protected status.

1.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title			
	Reason for Leaving			
2.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title			
	Reason for Leaving			
3.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title			
	Reason for Leaving			
4.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title			
	Reason for Leaving			

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

References

1.	_____ (_____) _____ (Name) Phone #
	_____ (Address)
2.	_____ (_____) _____ (Name) Phone #
	_____ (Address)
3.	_____ (_____) _____ (Name) Phone #
	_____ (Address)

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

