



PLEASE PRINT

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBERS: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_

CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

CAN YOU, AFTER EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE U.S.?  YES  NO

DO YOU HAVE A VALID DRIVERS LICENSE?  YES  NO  
IF YES, GIVE STATE & LICENSE NO. \_\_\_\_\_

ARE YOU WILLING TO TAKE A PHYSICAL EXAMINATION AND DRUG SCREEN AT OUR EXPENSE?  YES  NO

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE?  YES  NO  
WHEN \_\_\_\_\_

MAY WE INQUIRE OF YOUR PAST & PRESENT EMPLOYERS?  YES  NO

IN CASE OF EMERGENCY, NOTIFY – (NAME, ADDRESS, PHONE)  
\_\_\_\_\_

1. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION.
2. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS COURSE FOR DISMISSAL AND THAT MY EMPLOYMENT IS SUBSTANTIALLY DEPENDENT ON TRUTHFUL ANSWERS TO THE FOREGOING INQUIRIES.
3. I HEREBY AUTHORIZE ALL CORPORATIONS, COMPANIES, CREDIT AGENCIES, SCHOOLS, GOVERNMENT AGENCIES, MILITARY SERVICES, AND FORMER EMPLOYERS TO RELEASE INFORMATION THEY MAY HAVE ABOUT ME TO MOSS-MARLOW BUILDING CO., INC., AND RELEASE ALL PERSONS OR COMPANIES FROM ANY LIABILITY OR RESPONSIBILITY FROM DOING SO.
4. I AUTHORIZE THE PROCUREMENT OF A CONSUMER REPORT AND CREDIT CHECK, AND UNDERSTAND THAT SUCH A REPORT MAY CONTAIN INFORMATION ABOUT MY BACKGROUND, CHARACTER, AND PERSONAL REPUTATION.
5. I UNDERSTAND THAT THIS NOTICE WILL ALSO APPLY TO ANY FUTURE UPDATED REPORTS THAT MAY BE REQUESTED.

DATE: \_\_\_\_\_ SIGNATURE \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE – EMPLOYERS USE ONLY

REMARKS:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

START DATE: \_\_\_\_\_ SALARY \_\_\_\_\_

HART INDUSTRIAL CLINIC: \_\_\_\_\_



NORTH CAROLINA  
DIVISION OF MOTOR VEHICLES  
DRIVER LICENSE SECTION



Driver Privacy Protection Act Authorization  
To Disclose Personal Information Form DL-DPPA-2

I understand that personal information contained in my Motor Vehicle Record is protected by the federal Driver Privacy Protection Act and N.C. General Statute 20-43.1. I hereby authorize the release of my personal information to the person named below.

Print your full name as it appears on your driver license

\_\_\_\_\_  
Your signature (MUST BE SIGNED)

Your N.C. driver license number, SSN or ITIN & date of birth

Date signed

Please be  
sure to list  
all three

Person to receive information: **Representatives of Moss-Marlow Buidling Co., Inc and Broome  
Associated Insurance**

Form DL-DPPA-2, Revised Oct 2005  
Previous editions are obsolete, DO NOT USE