

Date: _____

MOSS-MARLOW BUILDING CO., INC. IS AN EQUAL OPPORTUNITY/ AFFIRMATIVE ACTIONS EMPLOYER. ALL QUALIFIED APPLICANTS WILL BE CONSIDERED WITHOUT REGARD TO AGE, RACE, COLOR, SEX, RELIGION, NATION ORIGIN, MARTIAL STATUS, ANCESTRY, CITIZENSHIP, VETERAN STATUS, OR PHYSICAL OR MENTAL DISABILITY.

PRELIMINARY QUESTIONNAIRE FOR EMPLOYMENT CONSIDERATION
PLEASE PRINT

NAME: _____
 LAST FIRST MIDDLE

PRESENT OR LAST PLACE OF EMPLOYMENT & ADDRESS _____

YOUR PRESENT OR LAST JOB TITLE: BRIEFLY DESCRIBE YOUR PRESENT OR LAST JOB'S RESPONSIBILITIES _____

LIST BRIEFLY YOUR WORK SKILLS AND ABILITIES: _____

HOW WERE YOU REFERRED TO THIS COMPANY? _____

EDUCATION	NAME & LOCATION OF SCHOOL	CIRCLE LAST YEAR COMPLETED	SUBJECTS STUDIED AND DEGREES RECEIVED
HIGH SCHOOL		1 2 3 4	
COLLEGE		1 2 3 4	
VOCATIONAL, BUSINESS, OTHER		1 2 3 4	

LIST BELOW PREVIOUS EMPLOYERS, STARTING WITH MOST RECENT FIRST

EMPLOYMENT DATES	NAME AND ADDRESS OF EMPLOYER	PHONE	POSITION	SALARY	REASON FOR LEAVING
1. TO					
2. TO					
3. TO					
4. TO					
5. TO	U.S. MILITARY (BRANCH)	HIGHEST RANK	DUTIES & SALARY		

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 CAUSE 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: _____

H: HUMANRESOURCES/APPLICATION 10-17-17 Revised



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 Building Co., Inc and Broome
Associated Insurance**

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