

Application for Employment

We consider all applicants for all positions without regard to race, religion, sex, national origin, age, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applying		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)		Date of Birth		Social Security Number

Are you willing to submit to pre-employment drug testing as outlined in Cox-Edwards' *Pre-Employment Drug Testing Policy*? Yes No

Have you ever previously filled out an application with us? Yes No
If yes, give date _____

Have you ever previously been employed with us? Yes No
If yes, give date _____

Are you currently employed? Yes No

May we contact your previous employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment

Have you ever been convicted of a felony? Yes No
Conviction will not necessarily disqualify an applicant from employment

If yes, please explain _____

Are you available to work: Full Time Temporary?

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

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COX-EDWARDS COMPANY, INC.

Can you travel if a job requires it? Yes No

On what date would you be available for work? _____

Are you physically or otherwise unable to perform the duties of the job for which you are applying? Yes No

If yes, please explain _____

Education

(CIRCLE HIGHEST LEVEL OF EDUCATION COMPLETED)

	Elementary School					High School				Undergraduate College/University				Graduate/Professional			
School Name and Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course of Study																	
Describe any specialized training, apprenticeship, skills and extra-curricular activities																	
Describe any honors you have received																	
State any additional information you feel may be helpful to us in considering your application																	

References

Give name, address, and telephone number of three references who are not related to you and are not previous employers. 1. _____ 2. _____ 3. _____

Employment Experience

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Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, religion, gender, national origin, or other protected status.

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

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

Special Skills and Qualifications

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Summarize special job-related skills and qualifications acquired from employment or other experience.

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes No

Applicant's Statement

I certify that the 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 this 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 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



COX-EDWARDS COMPANY, INC.

CONSTRUCTION AND ENGINEERING

Established 1966
License No. 5046

1205 Parkway Drive
Goldsboro, NC 27534
E-mail: ~~cox@bellsouth.net~~ ~~scott~~ @cox-edwards.com

Tel. No. 919-751-5100
Fax No. 919-751-1744

Date _____

Cox-Edwards, Inc.,

I am aware that consumer and motor vehicle reports may be obtained as part of my job application and/or employment evaluation. The reports may be procured by Cox-Edwards, Inc. or our insurance company representative(s), and may include personal information obtained from state motor vehicle departments, my driving record, and assessment of my insurability for the insurance program or other consumer reports.

By signing this letter, I hereby provide my authorization for Cox-Edwards, Inc. or their insurance company representative(s) to procure such information and reports, as well as additional reports about me from time-to-time as deemed appropriate, to evaluate my insurability or for other permissible purposes.

Sincerely,

Signature of Applicant / Employee _____

Name as it appears on Drivers License _____

Drivers License Number / State Issued _____

Date of Birth _____