



*****REMINDER: Scan & add to Applicant Flow Log.*****

Application for Employment

An Affirmative Action/Equal Opportunity Employer

Thank you for considering Cape Romain Contractors, Inc. as an employer of choice. Please note - we are unable to accept a resume in place of this application. All fields must be completed.

Name	Date of Application
Address	Phone No.
City, State, Zip	Additional Contact No.
Are you at least 18 years of age? <div style="text-align: center;">Yes No</div>	Are you legally authorized to work in the US? <div style="text-align: center;">Yes No</div>

Have you ever been convicted of a criminal offense in the last seven (7) years? Have you ever plead guilty or 'no contest' to, or been convicted of a crime other than a minor violation in the last seven (7) years? **Yes No**

An answer of "yes" will not automatically disqualify you from consideration; however, falsification of information will jeopardize any offer of employment. Details of the charge, disposition, etc.:

Position Sought	Date Available
How did you hear about us? (Please Circle)	
Website	Social Media
Employment Agency	Walk- in
Minority Ad	Female Source
Job Service	Minority Source
Summer Student	Employee Referral
Other: _____	
Do you have any relatives working for Cape Romain Contractors? If yes, who?	Have you ever been employed by Cape Romain Contractors? If yes, when?
Wage Desired?	Do you have a valid driver's license?
Do you have transportation to and from work? <div style="text-align: center;">Yes No</div>	Can you travel if a job requires it? <div style="text-align: center;">Yes No</div>

Education	Name of School	City, State	No. of years attended	Degree received	Major/Subject
High School					
College					
Other/Special Skills					

Employment Record

Please provide information on your last three employers, beginning with the current or most recent one first. Please feel free to enclose a resume; however, all questions must be answered on the application as well.

Name of Employer	Phone Number	Hourly Rate/Salary
Start Date	End Date	Reason for Leaving
Final title	Last Supervisor's Name	May we contact this employer? Yes No

Major Responsibilities/Skills/Equipment Used:

Name of Employer	Phone Number	Hourly Rate/Salary
Start Date	End Date	Reason for Leaving
Final title	Last Supervisor's Name	May we contact this employer? Yes No

Major Responsibilities/Skills/Equipment Used:

Name of Employer	Phone Number	Hourly Rate/Salary
Start Date	End Date	Reason for Leaving
Final title	Last Supervisor's Name	May we contact this employer? Yes No

Major Responsibilities/Skills/Equipment Used:

Personal References

Please provide three people, not related to you, who have known you for at least one year.

Name:	Relationship:	How long have you known this person?	Phone number:

Cape Romain is an at-will, equal opportunity employer. It is the policy of this Company to assure that applicants and employees, both before and during employment, are treated without regard to their race, religion, sex, color, national origin, age, veteran status or disability. Such action shall include: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship, pre-apprenticeship, and/or on-the-job training.

I certify that the facts contained in this application are complete and true to the best of my knowledge, and understand that false statements may affect my eligibility for hire, or if employed, falsified statements may be grounds for termination. I understand that should I be considered for hire, additional testing or screening may be part of this process. Failure to pass any verification, such as references, drug/alcohol screening, criminal background check, etc. will result in my offer of employment being rescinded. I further understand that should I fail to pass all or some of the screening, I may not be considered for employment opportunities in the future with Cape Romain Contractors, Inc.

Print Name	Signature	Date
------------	-----------	------



EEO Policy and Personnel Research

The employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites candidates for employment to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders and regulations included those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Name:	Today's Date:
-------	---------------

Position for which you are applying: _____

Date of Birth: _____

Gender:

____ Male

____ Female

____ I choose not to identify.

Primary Race:

____ White, not of Hispanic origin

____ Black or African American (not of Hispanic origin)

____ Hispanic or Latino

____ Asian (not Hispanic or Latino)

____ Native Hawaiian or The Pacific Islander (Not Hispanic or Latino)

____ American Indian or Alaskan Native

____ Two or more races (Not Hispanic or Latino)

____ I choose not to identify.

Authorization and Consent for Release of Personal & Employment Information



I, _____ consent and authorize Cape Romain Contractors, Inc. to conduct a pre-employment background search on me. You are hereby authorized and requested to reveal and to discuss with Cape Romain Contractors, Inc. any and all information you have concerning my employment history, credit history, criminal history, academic history, driving record, personal habits, general demeanor, or any other information deemed pertinent to my background.

I understand that the information you may release is personal and confidential so, I release you, the persons, individuals, companies, corporations and entities from any liability for obtaining and providing any and all such information for the purpose of preparing this personal and/or employment background evaluation only.

I hereby waive any and all claims for damage or injury as a result of obtaining and providing this information as to Cape Romain Contractors, Inc. I further agree to indemnify and hold harmless Cape Romain Contractors, Inc. and the individual and companies releasing this information for any and all claims, costs, damages, or injury, which may occur as a result of obtaining and providing such personal and confidential information. This authorization is to remain in effect during my entire employment if selected for employment.

I have read the foregoing and agree to be bound by the terms of this authorization and release.

PLEASE PRINT CLEARLY.

Full Legal Name: _____

Other Names Used: _____

Social Security Number: _____

Date of Birth (for identification purposes only): _____

Gender: (circle) M F

Position: _____

Driver's License/Identification Number and State: _____

Telephone Number: _____

I have read this Authorization and Consent for Release of information and fully understand the terms of this release:

Signature: _____ Date _____