



1115 Pleasant Ridge Road
 Greensboro, NC 27409
 (P): (336) 665-1435
 (F): (336) 665-9856

APPLICATION FOR EMPLOYMENT

(Must Be Completed Even If Attaching Resume)

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, veteran status, disability, or any other characteristic that is protected by law.

(PLEASE PRINT LEGIBLY)

APPLICATION DATE:	POSITION APPLYING FOR:	HOW WERE YOU REFERRED TO US?			DESIRED HOURLY RATE OR ANNUAL SALARY:
LAST NAME:	FIRST NAME:	MI:	SSN#:	EMAIL:	
STREET ADDRESS:		CITY:		STATE:	PHONE #:
Type of employment desired: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal				Date Available to Start:	
Have you ever worked for this company? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when?			
Do you have any relatives who work for the Company? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, who and relationship?			
Are you entitled to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			If you are under 18, can you provide a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have any objection to working overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No			Can you travel if required by this position? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If selected for employment are you willing to submit to a pre-employment drug screening test? <input type="checkbox"/> Yes <input type="checkbox"/> No					

EDUCATION

	NAME	CITY/STATE	LAST YEAR COMPLETE	DEGREE	MAJOR
HIGH SCHOOL			<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12		
COLLEGE			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
TECHNICAL TRAINING					
OTHER					

SPECIAL SKILLS AND QUALIFICATIONS

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications: _____

(CONTINUED)

EMPLOYMENT HISTORY

Please provide all employment information for your past three employers starting with the most recent.

EMPLOYER:		DATES EMPLOYED		
STREET ADDRESS:		CITY:	FROM:	TO:
JOB TITLE:		SUPERVISOR/MANAGER NAME:		MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No
REASON FOR LEAVING:				
EMPLOYER:		DATES EMPLOYED		
STREET ADDRESS:		CITY:	FROM:	TO:
JOB TITLE:		SUPERVISOR/MANAGER NAME:		MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No
REASON FOR LEAVING:				
EMPLOYER:		DATES EMPLOYED		
STREET ADDRESS:		CITY:	FROM:	TO:
JOB TITLE:		SUPERVISOR/MANAGER NAME:		MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No
REASON FOR LEAVING:				

REFERENCES

NAME	TITLE	COMPANY	PHONE #

I hereby authorize Tencarva to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and reference. I also hereby release from liability Tencarva and its representatives for seeking, gathering, and using such information to make employment decisions, and all other persons or organizations for providing such information. I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment from Tencarva if I am employed, whenever it may be discovered.

If employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. **Accordingly, either I or Tencarva can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.** I understand that it is the policy of Tencarva not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if employed, I will be required to provide a satisfactory proof of identity and legal work authorization for *e-verification* within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment. Further, I understand that I will be required to submit a negative drug test, and for selected positions may have to consent to physical capability testing and meet physical capability requirements before employment with Tencarva may commence.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions:

Applicant signature*: _____

Date: _____

**Form must be printed and manually signed. No electronic signatures will be accepted.*