

CONTRACTOR APPLICATION

117 International Drive, Morrisville, NC 27560

Phone: (919) 469-8777

Fax: (919) 319-8400

DATE: _____

FULL NAME: (First) _____ (Middle) _____ (Last) _____

PRESENT FULL PHYSICAL ADDRESS (**No P.O. Box**): _____

City: _____ State: _____ Zip _____ E-Mail: _____

PHONE (Home): _____ CELL PHONE: _____

ARE YOU LEGALLY ELIGIBLE TO WORK IN USA: YES _____ NO _____

DRIVER'S LICENSE NO. _____ STATE _____ SOC. SEC. # _____

DATE OF BIRTH: _____ HEIGHT: _____ WEIGHT: _____
(Height and weight may be required in some field jobs)

REFERRED BY: _____ TYPE OF SKILLS: _____

DATE YOU CAN START: _____ Minimum Compensation/hour Desired _____

ARE YOU CURRENTLY EMPLOYED? _____ MAY WE CONTACT YOUR EMPLOYER? _____

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? _____ WHEN (Date)? _____

EDUCATION

| SCHOOL | NAME AND LOCATION | YEAR GRADUATED | MAJOR SUBJECTS | GPA |
|---------------|-------------------|----------------|----------------|-----|
| HIGH SCHOOL | | | | |
| COLLEGE/OTHER | | | | |

ANY SPECIAL STUDY OR TRAINING: _____

IN CASE OF EMERGENCY, NOTIFY: _____ RELATION: _____

ADDRESS: _____ PHONE: _____

QUESTIONNAIRE FOR APPLICANT:

- No of years you have work experience in the related field? _____
- Do you possess a reliable independent vehicle of your own that you can use on this job? _____
- Did you have any drunk driving or license citations or suspensions within past 7 years? _____
- How long have you been in Triangle area? _____
- How long do you expect to stay in this area? _____
- What is your greatest strength? _____ weakness? _____
- How much training do you think you'll need to become a productive Worker? _____
- If hired, how long would you work with this Firm? _____
- Will you be working anywhere else as well, while working here ? _____
- Describe your personality: _____
- Are you willing to work extended hours at night and on weekends? _____

12. Do you have any health issues restricting your office/field activities: _____
13. If you have any criminal history in past 15 years including any convictions, felonies, misdemeanors, please explain (except traffic violations): _____ (I authorize Company to conduct background check on me and deduct from my payment / charge me back @ \$15 per state of residence.)
14. If you had any financial or credit problems, please explain: _____
15. If you had any employment problems with any of your employers, please explain: _____
16. Do you have other obligations that could keep you away from your job? _____
17. Did you consume/trade any illegal drugs in past 10 years? _____ Do you drink alcohol on weekdays? _____
(Company prohibits any employee reporting on duty under the influence of drugs or alcohol)
18. Do you smoke? _____. Company does not encourage any smoking on duty. Do you have any problem? ____
19. Give two best reasons why we should hire you. (a) _____
 (b) _____

I CERTIFY THAT I AM LEGALLY ELIGIBLE TO WORK IN USA. I AGREE TO PERFORM ALL MY DUTIES DILIGENTLY AND EFFICIENTLY, AS REQUIRED BY THE COMPANY, FAILING WHICH COMPANY CAN PRO-RATE OR DEDUCT SUCH HOURS FROM MY WAGES. I AUTHORIZE INVESTIGATION OF MY CREDIT, DMV, TRAC, EDUCATION, PREVIOUS EMPLOYMENTS, and CRIMINAL RECORDS, AND ALL STATEMENTS CONTAINED IN THIS APPLICATION AND AUTHORIZE THE COMPANY TO DEDUCT SUCH MONIES FROM MY PAYMENT. UNDER PENALTY OF PERJURY, I CERTIFY THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS A LEGAL OFFENSE AND CAUSE FOR DISMISSAL AND FURTHER LEGAL ACTION. I UNDERSTAND THAT IF COMPANY FIND/ DETERMINE AT ANY TIME THAT I HAD FALSIFIED, OMITTED, OR MISREPRESENTED ANY INFORMATION ON MY APPLICATION OR ON ANY OTHER DOCUMENT SUBMITTED TO THE COMPANY, THE COMPANY HAS THE SOLE DISCRETION TO TERMINATE MY CONTRACT IMMEDIATELY WITHOUT ANY NOTICE OR COMPENSATION AND TAKE A LEGAL ACTION AGAINST ME AT MY COST. DURING THE TRAINING PERIOD OF FIRST ONE WEEK, IF THE COMPANY OR I DECIDE, NOT TO CONTINUE THE JOB WITH THE COMPANY, THE COMPANY SHALL NOT BE LIABLE TO PAY ME ANY COMPENSATION FOR THIS TRAINING PERIOD, WHATSOEVER.

I UNDERSTAND, I WILL BE PERSONALLY LIABLE TO PAY ALL PAYROLL TAXES AND SELF-EMPLOYMENT SOCIAL SECURITY AND I WILL NOT BE ENTITLED TO ANY COMPANY BENEFITS, WHATSOEVER.

I UNDERSTAND AND AGREE THAT MY CONTRACT WILL NOT BE FOR ANY DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE OR FURTHER OBLIGATION. THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT.

I CERTIFY THAT I HAVE READ AND UNDERSTAND, AGREE, AND ACCEPT THE TERMS OF THE APPLICATION AND I HAVE ANSWERED ALL OF THE ABOVE QUESTIONS TRUTHFULLY AND COMPLETELY.

SIGNED: _____ NAME: _____ DATE: _____

PAST REFERENCES: (START WITH MOST RECENT JOB)

(Appln doc as of April 09)

| DATE OF FROM | EMPLOYMENT TO | NAME AND ADDRESS OF EMPLOYER | SUPERVISOR'S NAME & PHONE NO. | LAST SALARY | REASON FOR LEAVING |
|--------------|---------------|------------------------------|-------------------------------|-------------|--------------------|
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