CAYCE COMPANY, INC.

AT-WILL EMPLOYMENT APPLICATION

(PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE)

THIS APPLICATION IS NOT AN EMPLOYMENT CONTRACT but merely is intended to evaluate suitability for employment. It is the policy of the company to provide equal employment to all qualified persons without discrimination on the basis of sex, race, color, religion, age, marital status, national origin, citizenship, disability, veteran status, or any other status protected under state and federal law. It is also the policy of the company to have the option of conduction pre-employment screening before a job offer is made. If a job offer is made, employment may be contingent upon the successful completion of a medical examination, which may include providing body substance samples. This application will remain active for 180 days.

**PERSONAL INFORMATION**

|  |  |
| --- | --- |
| Last Name First M.I.  Click here to enter text. Click here to enter text. Click here to enter text. | Social Security #  Click here to enter text. |
| Home/Mobile Phone  Click here to enter text. | Work Phone  Click here to enter text. |

**Please list below your current address and your two other most recent addresses:**

Current Street City State Zip since (Mo/Yr.)

Street Address City State. Zip Mo/Yr.

Prior Street City State Zip since (Mo/Yr.)

Street Address City State Zip Mo/Yr.

Prior Street City State Zip since (Mo/Yr.)

Street Address City State. Zip Mo/Yr.

**EDUCATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| High School Attended  High School Name | | City, County & State  City, County & State | | Did you earn a Diploma?  Choose an item. | |
| Undergraduate College Attended  Undergraduate College | City, State  City, State | | Areas of Study  Areas of Study | | Degree/Certificate/Diploma  Choose an item. |
| Graduate School Attended  Graduate School Attended | City, State  City, State | | Areas of Study  Areas of Study | | Degree/Certificate/Diploma  Choose an item. |
| Trade, Business or Other School  Other School Attended | City, State  City, State | | Areas of Study  Areas of Study | | Degree/Certificate/Diploma  Choose an item. |

**EMPLOYMENT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Position Applied For:  Click here to enter text. | Date you Can Start Work:  Click here to enter a date. | | Desired Salary: $  Click here to enter text. |
| Do You Prefer: Choose an item. | | Can you Work: Choose an item. | |

**Please answer all of the following questions. When necessary, note question number and use an extra paper to provide explanations:**

|  |
| --- |
| 1. Are you at least 18 years of age and legally eligible for work in the United States? Choose an item. |
| 1. Will you work overtime when necessary? Choose an item. |
| 1. Have you received a description of the job or been made aware of the essential functions of the job you are applying for: Choose an item. |
| 1. Do you understand the job requirements? Choose an item. |
| 1. Are you on layoff and subject to recall? Choose an item. |
| 1. Are you currently bound by a noncompetition or trade secret agreement? (If yes, please explain) Choose an item. |
| 1. Have you ever been discharged or asked to resign from a job? (If yes, please explain) Choose an item. |
| 1. Have you ever been convicted of or pled guilty to a felony or other crime? (If yes, please explain) Choose an item. |

**EMPLOYMENT HISTORY**

MAY WE CONTACT YOUR PRESENT EMPLOYER? Choose an item.

Please list below your last three employers beginning with the most recent:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Most Recent Employer  Former Employer | City  City | State  State | Zip Code  Zip | Phone  Phone |
| Position Held  Position Held | Pay Rate Upon Leaving  $ Rate Upon Leaving | | Supervisor  Supervisor | |
| Duties Reason for Leaving  Duties Reason for leaving | | | | |
| Most Recent Employer  Former Employer | City  City | State  State | Zip Code  Zip | Phone  Phone |
| Position Held  Position Held | Pay Rate Upon Leaving  $ Rate Upon Leaving | | Supervisor  Supervisor | |
| Duties Reason for Leaving  Duties Reason for leaving | | | | |
| Most Recent Employer  Former Employer | City  City | State  State | Zip Code  Zip | Phone  Phone |
| Position Held  Position Held | Pay Rate Upon Leaving  $ Rate Upon Leaving | | Supervisor  Supervisor | |
| Duties Reason for Leaving  Duties Reason for leaving | | | | |

**JOB-RELATED SKILLS**

Please answer the following questions if the position you are applying for requires driving a motor vehicle:

1. Do you have a valid driver’s license? Choose an item.

(If YES: Driver’s License Number Driver’s License # Date of Issue: Date of Issue State: State)

1. Have you been convicted of or pled guilty to any traffic-related offense within the past five years? Choose an item.
2. Have you had your driver’s license suspended or revoked or had your driving privileges modified by a court of law? Choose an item.
3. Please list all states from which you hold or have held a driver’s license: Click here to enter text.

Please us this space to list any special skills you may have that relate to the position applied for:

Click here to enter text.

Please list any professional licenses, designations, certifications, etc. that may relate to the position applied for. Include date granted, name of organization, and any other relevant information.

1. Click here to enter text.

2. Click here to enter text.

3. Click here to enter text.

**APPLICANT’S CERTIFICATION AGREEMENT**

1. I AUTHORIZE THE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION AND RELEASE FROM ALL LIABILITY ANY PERSONS OR EMPLOYERS SUPPLYING SUCH INFORMATION, AND I ALSO RELEASE THE COMPANY FROM ALL LIABILITY THAT MIGHT RESULT FROM MAKING THE INVESTIGATION.
2. I CERTIFY THAT THE FACTS AND INFORMATION SET FORTH IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSIFICATION, MISREPRESENTATION, OR OMISSION OF FACTS ON THIS APPLICATION (OR ON ANY REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.
3. I AGREE, IF I AM OFFERED AND ACCEPT A POSITION, TO CONFORM TO ALL EXISTING AND FUTURE Company rules and regulations and I understand that eh Company reserves the right to change wages, hours and working conditions as deemed necessary. I ALSO UNDERSTAND THAT, IF HIRED, MY EMPLOYMENT WILL BE AT-WILL, MEANING THAT EITHER PARTY CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.
4. I understand that any employment offer is contingent upon my providing, within three (3) working days of employment, valid proof of identity and eligibility to work in order to comply with the Immigration Reform and Control Act of 1986.
5. I have read and reviewed the information provided in this application and the above statements. By signing this application for employment I certify that I understand all parts of it and have answered all questions completely and fully.

Electronic Signature Click here to enter a date.

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Signature Date