



APPLICATION FOR EMPLOYMENT

567 Mocksville Hwy (Zip 28625-8269)
 PO Box 1831, Statesville, NC 28687-1831
 Phone: 704-873-5241 Fax: 704-832-2101
hrdept@energyunited.com

[DOT/CDL](#)

PERSONAL DATA

(Please Print)

Name:	SSN:	Driver's License #	State
Present Address:	City/State/Zip:	Phone# () -	
Are you under 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	
Position Applying For:		Location:	
Would you be willing to travel if necessary?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Would you be willing to relocate if necessary?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Would you be willing to work Saturdays or Sundays if necessary?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever filed an application with this company? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, give date:	
Would you be willing to work evenings if necessary?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Salary expected:	Date available for employment:		
Have you ever been convicted of an offense other than minor traffic violations? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain: (A yes answer does not necessarily disqualify you from employment.)			
Are you related to an employee or director of EnergyUnited? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, indicate name and relationship:	
Describe any specialized training, apprenticeship, skills, and special licenses that you possess that relate to the position for which you are applying.			

**ENERGYUNITED IS AN EQUAL OPPORTUNITY - AFFIRMATIVE ACTION EMPLOYER
 IT IS THE COMPANY'S POLICY TO AFFORD EQUAL OPPORTUNITY TO ALL QUALIFIED
 EMPLOYEES AND APPLICANTS FOR EMPLOYMENT WITHOUT REGARD TO RACE, COLOR,
 RELIGION, SEX, NATIONAL ORIGIN, AGE, CITIZENSHIP, VETERAN STATUS, OR HANDICAP**

WORK HISTORY

Complete the following beginning with your present or most recent employment. Include any job-related military service assignments and volunteer activities.

[1] Employer: Address: Telephone Number(s): Job Title: Supervisor: Reason For Leaving: May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates Employed: From To Hourly Rate/Salary: Starting Final Work Performed:
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[2] Employer: Address: Telephone Number(s): Job Title: Supervisor: Reason For Leaving:	Dates Employed: From To Hourly Rate/Salary: Starting Final Work Performed:
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[3] Employer: Address: Telephone Number(s): Job Title: Supervisor: Reason For Leaving:	Dates Employed: From To Hourly Rate/Salary: Starting Final Work Performed:
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[4] Employer: Address: Telephone Number(s): Job Title: Supervisor: Reason For Leaving:	Dates Employed: From To Hourly Rate/Salary: Starting Final Work Performed:
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[5] Employer: Address: Telephone Number(s): Job Title: Supervisor: Reason For Leaving:	Dates Employed: From To Hourly Rate/Salary: Starting Final Work Performed:
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APPLICANT RELEASE AUTHORIZATION

In consideration of my application, I authorize **EnergyUnited** by and through its agents to verify all data given by me on application, related papers or oral interviews. I understand a thorough investigation may be conducted which may include but not be limited to criminal history, motor vehicle driving record, education verification, employment history, credit report and personal history. I hereby authorize employers, agencies, personal references and other persons with whom I am acquainted to answer all questions and release all information concerning my employment record, character, reputation, ability, education, military service, credit history and other applicable reports. Furthermore, I release all agencies, bureaus, employers, information service organizations, and individuals or companies named above from all liabilities or damages that might result from information provided in good faith. I state that the information provided by me on my application is accurate and I agree that if any information therein is found to be false at any time, my application may be discarded or my employment terminated. I understand that the information requested below regarding sex, race and date-of-birth are for the sole purpose of gathering the above information accurately and will not be used to discriminate against me in violation of the law*. A facsimile (FAX) or photocopy of this authorization shall be as valid as the original.

_____ **Applicant's Signature**

_____ **Date of Application**

Last Name	First	Middle	Social Security Number	
Maiden And/Or Other Name(s) Used		Driver's License Number	State Issued	
Current Address (Street, Road or Route#)		Date of Birth	Gender	Race
City, State, Zip Code		County		

List Previous Address(es), other than that above, for the past seven years:

Address (Street, Road, Route #)	City	State	Zip Code

**Application For Employment Supplement
For Positions Requiring a Commercial Drivers License (CDL)**

In compliance with the Federal Motor Carrier's Safety Act, we are required to obtain the following information to determine if you are qualified to obtain a commercial driver's license if you do not currently hold a valid CDL License.

Date of Application:	Position & Location applied for:
Name:	Social Security Number: - -
Physical Address:	
Telephone Number with Area Code: () -	

If you have lived at the above address for less than three years, please list your previous physical addresses for the past three years.

Physical Address:	How Long?
Physical Address:	How Long?

(Attache an additional sheet if more space is needed)

DRIVER'S LICENSE INFORMATION

Please list all unexpired driver's licenses issued to you
(attach an additional sheet if more space is needed)

State	License Number	Type	Expiration Date

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO
2. Has any license, permit or privilege ever been suspended or revoked? YES NO

(If the answer to either question 1 or 2 above is "YES", attach a statement giving details)

DRIVING EXPERIENCE AND EMPLOYMENT HISTORY

Please list all employers for the ten years preceding the date of this application for which you held a driving position. Indicate the type of motor vehicles operated for each employer. (attach an additional sheet if more space is needed)

Employer:	Telephone #: () -
Address:	Employment Dates: TO
Type of Motor Vehicles Operated:	
Reason for leaving:	

Employer:	Telephone #: () -
Address:	Employment Dates: TO
Type of Motor Vehicles Operated:	
Reason for leaving:	

Employer:	Telephone #: () -
Address:	Employment Dates: TO
Type of Motor Vehicles Operated:	
Reason for leaving:	

ACCIDENT RECORD

List all motor vehicle accidents you have been involved in as a driver for the three years preceding the date of this application. (attach an additional sheet if more space is needed)

DATE	ACCIDENT TYPE (Head on, Rear End, etc)	FATALITIES (Yes/No)	INJURIES (Yes/No)

TRAFFIC CONVICTIONS

List all convictions for violating motor vehicle laws (excluding parking violations) for the three years preceding the date of this application. (attach an additional sheet if more space is needed.)

PLACE OF CONVICTION	DATE	VIOLATION	PENALTY

This certifies that I completed this application, and that all entries on it are true and complete to the best of my knowledge.

Applicant's Signature

Date