

For Personnel Use Only	Name:	_____	M.I.
		_____	_____
		_____	_____



# **Salemtowne Employment Application**

**Send Application to:  
1000 Salemtowne Drive  
Winston-Salem, NC 27106  
or fax to 336-714-2192**

**An Equal Opportunity Employer**

***Completion & satisfactory verification of all information is a condition of employment.***  
*A photocopy of this signed release shall have the same force and effect as the original release executed by my dated signature below.*

## **Applicant Waiver**

**Please Read Carefully before Completing the Attached Application**

In exchange for the consideration of my attached employment application by Salemtowne, (hereinafter, "the Company"), I understand and agree that:

1. Neither the receipt of my completed application nor the subsequent entry into any type of employment relationship between myself and the Company, either in the position(s) to which the attached application may refer or any other position, and regardless of the contents of the Company's personnel manuals, employee handbooks, policies, or any other publication of the Company, shall serve to create an actual or implied contract of employment or otherwise to modify in any way the "at-will" relationship between the Company and its employees except by a written instrument signed by the President of the Company. Either I or the Company may end any employment relationship at any time, with or without specified notice or reason. If, subsequent to this application, I am employed by the Company, I acknowledge, understand, and accept that the Company may unilaterally change or revise their policies and procedures and that such changes may include modifying the terms, amounts, eligibility, or employee contribution to any benefit(s) that may be discussed during the application process or employment relationship.
2. By signing below, I certify that all of the information I provide on this application is a complete and accurate statement of facts and I understand that if any misrepresentations, omissions, or falsifications are discovered at any time, such discovery will result in a rejection of my application for employment or dismissal if such discovery should be made subsequent to my employment by the Company. I further authorize the Company, through any employee(s) it may designate, to verify all statements contained in my application and authorize any person, school, current or former employer, organization, or entity disclosed in my resume, application, or interview process and the agents and employees of same, to furnish any truthful reference concerning me and/or my employment. I understand that the opinions and references concerning me may be positive or negative and are sought for the expressed purpose of determining my acceptability for employment. I unconditionally release any person, school, current or former employer, organization, or entity disclosed in my completed application, resume, or interview process and the agents and employees of same along with the Company, through any employee(s) it may designate, from any and all legal liability for damages that may result from the furnishing or legal use of the information provided or any other attempt to comply with the purpose of determining my acceptability for employment. This release supersedes any agreement or contract I may have previously made to the contrary with any such person, school, current or former employer, organization, or entity disclosed in my resume, application, or interview process and the agents and employees of same.
3. By signing below, I indicate my understanding that:
  - a. the Company has (a) drug and alcohol policy(ies) that provide(s) for pre-employment testing as well as testing after employment;
  - b. consent to and satisfactory results of pre-employment testing in compliance with the Company's policy(ies) is a condition of employment; and
  - c. continued employment, should the Company employ me, is contingent on the satisfactory results of employee drug and alcohol testing in compliance with the Company's policy(ies).
4. By signing below, I authorize the Company to contact law enforcement agencies to verify any record of convictions I may have, disposition(s) of the case(s), rehabilitation, subsequent employment record(s), current or previous employers for verification of employment (including dates of employment, job title(s), current salary, rehire eligibility), etc.
5. By signing below, I understand that my employment may be based on the results of job-related physical examinations.
6. By signing below, I attest that I have read this employment application carefully and fully understand it.

\_\_\_\_\_  
Print Applicant's Name Above

\_\_\_\_\_  
Applicant's Signature Above

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date Waiver Was Signed

**Please Type or Print Legibly  
Contact Information**

Name: \_\_\_\_\_ Date Form Completed: \_\_\_\_\_  
*Last Name First Name MI Month Day Year*

Address: \_\_\_\_\_  
*Street Apartment./Suite City State Zip Code*

Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Other Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  Yes  No  
*Area Code Telephone Number Area Code Telephone Number Ext. # May we leave a message?*

*Please note: Disclosure of your Social Security Number will be required to conduct a criminal background check if Salemtowne makes you a conditional offer of employment. It will also be required to verify any license (i.e. nursing).*

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**Other General Information**

If Salemtowne offers you employment, can you submit proof of your legal right to work in the United States?  Yes  
*(Verification and completion of I-9 form must be submitted no later than three (3) business days after date of hire.)*  No

Are you at least 18 years of age?  Yes  No If "No" can you present the work certificate needed to obtain employment?  Yes  No  
*Offers of employment are subject to verification that applicant is legally authorized to work.*

Have you ever been convicted of a crime (misdemeanor or felony) other than a minor traffic violation? (Note: A conviction includes a verdict, plea, or finding of guilt regardless of whether sentence was imposed by a court.)  Yes  No If "Yes," give the date(s) \_\_\_\_/\_\_\_\_/\_\_\_\_ of your conviction(s) *Month/Year*

*Criminal conviction does not preclude employment. To help us evaluate your application, describe the nature of the crime and your subsequent rehabilitation.*

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Have you been previously employed by Salemtowne?  Yes  No \_\_\_\_\_  
*If "Yes" when, where and under what name if different than above*

Are you related by blood, marriage, or adoption to any Salemtowne associate?  Yes  No If "Yes" list name(s): \_\_\_\_\_ relationship: \_\_\_\_\_

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**The Position for Which You Are Applying and Your Availability for Work**

Position applying for: \_\_\_\_\_  Days  2<sup>nd</sup> (3 - 11)  3<sup>rd</sup> (11 - 7)  Weekends  
*Name of Position(s) Desired Shift(s) for which you would be available to work (Check all that apply)*

Employment Desired:  Full-time only  Part-time only  Full- or Part-time  Temporary  Summer

How many hours can you work weekly? \_\_\_\_\_ hours/week When would you be available to begin work? \_\_\_\_/\_\_\_\_/\_\_\_\_  
*# Hours Available to Work Date Available to Start*

How did you learn about this position or employment with Salemtowne?  Classified Ad: \_\_\_\_\_  
*Which Newspaper?*

Salemtowne Associate \_\_\_\_\_  Agency: \_\_\_\_\_  Other: \_\_\_\_\_  
*Name of Associate(s) Name of Agency Indicate Source of Information*

If driving is a requirement of the job for which you are applying, do you have a valid driver's license?  Yes  No

## Employment History

*(Please list your work experience for the past ten (10) years in reverse chronological order, beginning with your current or most recent job. If you were self-employed, indicate the firm name. Attach additional sheets if necessary.)*

Name of Employer: _____ <i>Legal Business Name</i>	Dates of Employment: <span style="float: right;"><i>From</i> - <i>To</i></span> _____/_____/_____ <i>Month/Year Month/Year</i>
Address: _____ <i>Street Suite City State Zip Code</i>	
Are we authorized to contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Business Phone: (____) _____ - _____ <i>Area Code Telephone Number Extension #</i>
Last supervisor: _____ <i>Name Title</i>	Business Phone: (____) _____ - _____ <i>Last supervisor's phone Area Code Telephone Number Extension #</i>
Current or last position held: _____ <i>Indicate Official Position Title</i>	Title(s) of other positions held: _____
Number of employees you supervise(d) in your current/last position: _____	Current/most recent salary: \$_____ <input type="checkbox"/> Hour <input type="checkbox"/> Year
Description of duties relevant to the position for which you are applying: _____ _____ _____	
Reason for (considering) leaving: _____ <i>Please be specific</i>	

Name of Employer: _____ <i>Legal Business Name</i>	Dates of Employment: <span style="float: right;"><i>From</i> - <i>To</i></span> _____/_____/_____ <i>Month/Year Month/Year</i>
Address: _____ <i>Street Suite City State Zip Code</i>	
Are we authorized to contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Business Phone: (____) _____ - _____ <i>Area Code Telephone Number Extension #</i>
Last supervisor: _____ <i>Name Title</i>	Business Phone: (____) _____ - _____ <i>Last supervisor's phone Area Code Telephone Number Extension #</i>
Last position held: _____ <i>Indicate Official Position Title</i>	Title(s) of other positions held: _____
Number of employees you supervise(d) in your last position: _____	Last salary: \$_____ per <input type="checkbox"/> Hour <input type="checkbox"/> Year
Description of duties relevant to the position for which you are applying: _____ _____ _____	
Reason for leaving: _____ <i>Please be specific</i>	

### Employment History (continued)

Name of Employer: _____ <i>Legal Business Name</i>	Dates of Employment: <span style="float: right;"><i>From</i> - <i>To</i></span> _____/_____/_____ <i>Month/Year Month/Year</i>
Address: _____ <i>Street Suite City State Zip Code</i>	
Are we authorized to contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Business Phone: (____) _____ - _____ <i>Area Code Telephone Number Extension #</i>
Last supervisor: _____ <i>Name Title</i>	Business Phone: (____) _____ - _____ <i>Last supervisor's phone Area Code Telephone Number Extension #</i>
Last position held: _____ <i>Indicate Official Position Title</i>	Title(s) of other positions held: _____
Number of employees you supervise(d) in your last position: _____	Last salary: \$_____ per <input type="checkbox"/> Hour <input type="checkbox"/> Year
Description of duties relevant to the position for which you are applying: ..... ..... .....	
Reason for leaving: _____ <i>Please be specific</i>	

Name of Employer: _____ <i>Legal Business Name</i>	Dates of Employment: <span style="float: right;"><i>From</i> - <i>To</i></span> _____/_____/_____ <i>Month/Year Month/Year</i>
Address: _____ <i>Street Suite City State Zip Code</i>	
Are we authorized to contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Business Phone: (____) _____ - _____ <i>Area Code Telephone Number Extension #</i>
Last supervisor: _____ <i>Name Title</i>	Business Phone: (____) _____ - _____ <i>Last supervisor's phone Area Code Telephone Number Extension #</i>
Last position held: _____ <i>Indicate Official Position Title</i>	Title(s) of other positions held: _____
Number of employees you supervise(d) in your last position: _____	Last salary: \$_____ per <input type="checkbox"/> Hour <input type="checkbox"/> Year
Description of duties relevant to the position for which you are applying: ..... ..... .....	
Reason for leaving: _____ <i>Please be specific</i>	

## Education

Check highest level <b><u>completed</u></b> : <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
<i>HS Diploma/GED    Associate's Degree    Bachelor's Degree    Master's Degree    Doctorate</i>				
<b>Last high school (HS) attended or institution granting GED</b>				
<i>Name of high school/institution</i>	<i>Mailing address</i>	<i>City</i>	<i>State</i>	<i>Zip (if known)</i>
<b>Professional Licensure or Certification</b>				
<i>Type of License or Certificate</i>	<i>License/Certificate Number</i>	<i>Issuing State</i>	<i>Renewal Number</i>	<i>Expiration Date</i>
<b>College, Graduate, Professional, Business and/or Trade School(s) Attended/Degree(s)/Certificate(s) Pursued/Earned</b>				
<i>School Name</i>	<i>City</i>	<i>State</i>	<i>Major(s)</i>	<i>Degree/Certificate earned</i>
<i>School Name</i>	<i>City</i>	<i>State</i>	<i>Major(s)</i>	<i>Degree/Certificate earned</i>
<i>School Name</i>	<i>City</i>	<i>State</i>	<i>Major(s)</i>	<i>Degree/Certificate earned</i>

## U.S. Military Service

Have you ever served in the US Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you now a member of the National Guard/Reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Describe above any training or experience gained in the course of military service that would enable you to perform the job for which you are applying.</i>	

## Other Qualifications

Typing/Word Processing <i>Skill</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" _____ wpm <i>Words per Minute</i>	10-key/Data Entry <i>Skill</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" _____ kph <i>Keystrokes per Hour</i>
<b>Computer Literacy</b>					
Spreadsheet applications:	<input type="checkbox"/> Yes    If "Yes" which program(s)? _____	Desktop publishing:		<input type="checkbox"/> Yes    If "Yes" which program(s)? _____	<input type="checkbox"/> No    _____
HTML/web authoring:	<input type="checkbox"/> Yes    If "Yes" which program(s)? _____	Database management:		<input type="checkbox"/> Yes    If "Yes" which program(s)? _____	<input type="checkbox"/> No    _____
<b>Language (other than English) Fluency</b>					
<input type="checkbox"/> Spanish	<input type="checkbox"/> Speak fluently <i>Can transact business in local language</i>	<input type="checkbox"/> Read <i>Can read foreign language newspaper</i>	<input type="checkbox"/> Write <i>Can write non-technical documents</i>		
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Speak fluently <i>Indicate foreign language    Can transact business in local language</i>	<input type="checkbox"/> Read <i>Can read foreign language newspaper</i>	<input type="checkbox"/> Write <i>Can write non-technical documents</i>		
A form may make it difficult to adequately describe <b>all</b> one's qualifications. Use the space below to <b>briefly</b> summarize any additional training completed, as well as professional licenses, memberships, or certifications (current only) that you believe may be relevant to the specific position for which you are applying.					

## References (please provide 3 and only include business references or current/former co-workers)

<i>Name</i>	<i>How known to you?</i>	<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	<i>(____) ____ - ____</i> <i>Area Code    Telephone</i>
<i>Name</i>	<i>How known to you?</i>	<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	<i>(____) ____ - ____</i> <i>Area Code    Telephone</i>
<i>Name</i>	<i>How known to you?</i>	<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	<i>(____) ____ - ____</i> <i>Area Code    Telephone</i>