

ATLANTIC CONTRACTING COMPANY, INC. APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER
Active For Ninety (90) Days Only

ALL statements made by applicants for employment on this application form will be checked for accuracy. We offer equal employment opportunities to all persons without regard to race, color, religion, age, marital of veterans' status, sex, national origin, disability, or any other legally protected status.

Position Applying For _____

Date of Application _____

Referred by _____

Name (Print) _____
Last First MI

Home or Nearest Phone _____

Emergency Phone Number _____

Cellphone or Other Phone _____ Email Address _____

Present Address _____
No. Street City County State Zip Code How Long?

List previous addresses within the United States if address changed during the past 5 years.

No. Street City County State Zip Code How Long?

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Have you filled out an application with ACCI before? _____ Yes _____ No

Have you ever worked for ACCI before? _____ Yes _____ No

If yes, give date. _____

May we obtain reports to review your credit history? _____ Yes _____ No

May we obtain reports to check your criminal record (if any)? _____ Yes _____ No

May we obtain reports to check your driver's record? _____ Yes _____ No

May we contact your present or former employers? _____ Yes _____ No

Are you over the age of 18? _____ Yes _____ No

Do you have a currently valid driver's license? _____ Yes _____ No

Have you ever held a position of trust (handling money or confidential material)? _____ Yes _____ No

Have you ever been bonded? _____ Yes _____ No

Have you ever been refused a bond? _____ Yes _____ No

If yes, state reason and date. _____

Have you ever been convicted of DUI, DWI, careless or reckless driving, or driving while impaired? _____ Yes _____ No

If yes, state citation, date, court, and place where each offense occurred. _____

Have you ever been convicted of a crime except a minor traffic violation? _____ Yes _____ No

If yes, state citation, date, court, and place where each offense occurred. _____

Has your driver's license ever been suspended or revoked? _____ Yes _____ No

If yes, state the citation, date, court, and place where each offense occurred. _____

Have you ever served in the U.S. Armed Forces? _____ Yes _____ No

If yes, branch _____ Date Entered _____ Date Discharged _____

Have you ever been discharged or requested to resign from a position? _____ Yes _____ No

If yes, state date(s) and describe circumstances. _____

Are you employed now? Yes No
 If yes, identify present employer and position and state why you desire to make a change? _____

On what date are you available for work? _____
 Are you available to work: Full-Time Part-Time

Do you have the legal right to work in the United States? Yes No
 If not, why? _____

Education

Type of School	Name and Address of School	Courses Majored In	Circle last year completed	Graduate? Give Degrees
Elementary			5 6 7 8	
High School			9 10 11 12	
College			1 2 3 4	
Other (explain): _____				

PRIOR WORK RECORD: (Start with most recent or present employer and complete in full).				
1. Name and Address of Most Recent Employer			Telephone No.	
Immediate Supervisor (Name and Position)		Date Hired	Starting Rate	
Job Title & Duties		Date Left	Last Rate	
Reason for Leaving:		May we contact this employer? Yes No		
2. Name and Address of Employer			Telephone No.	
Immediate Supervisor (Name and Position)		Date Hired	Starting Rate	
Job Title & Duties		Date Left	Last Rate	
Reason for Leaving:		May we contact this employer? Yes No		
3. Name and Address of Employer			Telephone No.	
Immediate Supervisor (Name and Position)		Date Hired	Starting Rate	
Job Title & Duties		Date Left	Last Rate	
Reason for Leaving:		May we contact this employer? Yes No		

Please provide any additional information such as special skills, training, cashier experience, management experience, equipment operation, or qualifications you feel will be helpful to us in considering your application.

REFERENCES

(Do not list relatives or former employers)

Name _____ Address _____ Telephone _____
Name _____ Address _____ Telephone _____
Name _____ Address _____ Telephone _____

JOB APPLICANTS AGREEMENT AND CERTIFICATION

I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize the past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, criminal record, driving record, credit history and previous employment record. I release all such persons from any liability or damages on account of having furnished such information.

In processing this employment application, Atlantic Contracting Company, Inc. may request that an investigative report be prepared. This report may include information as to my character, general reputation, credit history, driving record, criminal record and previous employment record. I understand that I have the right to request that Atlantic Contracting Company, Inc. completely and accurately disclose to me the nature and scope of such an investigation, if I make request to the Company's Human Resources Department within a reasonable time after completing this application.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Atlantic Contracting Company, Inc. and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon Atlantic Contracting Company, Inc. unless made in writing. If an employment relationship is established, I understand that my employment would be at will—Atlantic Contracting Company, Inc. would have the right to terminate my employment without prior notice at any time either with or without cause.

I understand that prior to being offered employment with Atlantic Contracting Company, Inc. I may be requested to take an examination. In the event I have a disability which will affect my ability to take the test, I will so inform Atlantic Contracting Company, Inc. prior to the administration of the test so that a reasonable accommodation can be made. Requested accommodations may include accessible testing sites, modified testing conditions, and accessible testing formats. Atlantic Contracting Company, Inc. reserves the right to require medical documentation concerning the need for the accommodation. I further understand that if an offer of employment is tentatively made to me, it is conditioned upon my successful completion of a medical examination.

I understand that if employed, policies and rules which are issued are not contracts of employment and that Atlantic Contracting Company, Inc. retains the sole discretion to adopt, rescind, revise or modify employee benefits, policies or procedures, in whole or in part, at any time without prior notice.

I understand that this application will be kept on active file for 30 days from the date completed, after which time I would have to reapply in accordance with established company procedures.

Signature of Applicant

Date

TO: All ACCI Employees and Potential Employees
FROM: Niveen Kattan
RE: Employee Survey – Request for Voluntary EEO Self-Identification
DATE: January 1, 2010

Atlantic Contracting Company, Inc. is an equal opportunity/affirmative action employer. We are required to keep records on the race, sex, and ethnicity of our employees and to file periodic reports with the government. We recognize that some employees might find this intrusive and we regret giving any offense. The government does permit that the making or verifying of this information in employee records may be accomplished by what the government refers to as a “visual survey” by the employer. However, we prefer to give employees the opportunity to participate in a voluntary self-identification survey. We think self-identification is likely to result in more accurate information. Nevertheless, self-identification is voluntary and there will be no negative consequences if you elect not to disclose this information. This information is kept confidential.

Atlantic Contracting Company, Inc. does not discriminate on the basis of race, color, religion, sex, national origin, age, or disability. Atlantic Contracting Company, Inc. makes all employment decisions on the basis of job related criteria. All information that is disclosed on the attached form, nor refusal to disclose this information, will not affect any decision having to do with hiring, re-hiring, transfer, promotion, compensation, training, benefits, continuation of employment, or any other employment practice.

**EEO SELF-IDENTIFICATION FORM FOR
ATLANTIC CONTRACTING COMPANY, INC. EMPLOYEES**

It is necessary that you complete the data above the double line. Other information is voluntary and is disclosed or not disclosed according to the terms of the attached memorandum.

EMPLOYEE NAME _____ EMPLOYEE ID# _____

POSITION _____

WORK LOCATION/DEPARTMENT# _____

PART I – Sex, Race and Ethnicity

The following designations are those currently required by the Federal government. Please mark only one sex and one race/ethnic group.

Check One Only () Male () Female

Check One Only

- () White, not of Hispanic Origin (*includes persons of Middle Eastern descent*)
- () Black, not of Hispanic Origin (*includes Jamaican and West Indian*)
- () Hispanic (all races) (*includes Mexican, Puerto Rican, Cuban, Central or South American or Spanish culture or origin*)
- () Asian or Pacific Islander (*includes persons having origins in the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands*)
- () American Indian, Eskimo or Aleut (*persons having origins in the original peoples of North America who maintain a cultural identification through tribal affiliation or community recognition*)
- () Decline to disclose

ATLANTIC CONTRACTING COMPANY INC.

P.O. Box 49559 GREENSBORO, NC 27419

PHONE: 336-931-3109 FAX: 336-931-3108

Fair Credit Reporting Act Disclosure & Authorization

DISCLOSURE

In considering you as an applicant for employment or as a current employee, we may choose to secure and use information contained in either a consumer report or investigative consumer report about you obtained from a consumer reporting agency when: (1) considering your application for employment (2) making a decision whether to offer you employment, (3) deciding whether to continue your employment or (4) making other employment-related decisions directly affecting you.

For explanation purposes, a "consumer reporting agency" is a person or business that, on a cooperative nonprofit basis, or for monetary fees or dues, regularly assembles or evaluates consumer credit information or other information on consumers for a person who has a legitimate business need for the information or intends to use the information for employment purposes.

A "consumer report" means any written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing your eligibility for employment purposes.

An "investigative consumer report" means a consumer report or portion thereof in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your neighbors, friends, or associates reported on or with others with whom you are acquainted or who may have knowledge concerning any such items of information.

In the event an investigative consumer report is prepared, you may request additional disclosures regarding the nature and scope of the investigation requested as well as a written summary of your rights under the Fair Credit Reporting Act.

AUTHORIZATION

By your signature below, you hereby authorize us to obtain a consumer report and/or an investigative report about you in order to consider you for employment. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for us to procure consumer reports at any time during the employment period.

(Signature)

(Date)

(Printed)

MVR CHECK PERMISSION SLIP

I understand that all employees who operate a company vehicle must have a good driving record. I hereby authorize release of my driving record to the management of Atlantic Contracting Co., Inc.

I release the company, its employees, management and designated representatives from all claims or causes of action resulting from the report and any decisions resulting therefrom.

Name (print) _____

Signature _____

Date _____

Drivers License Number _____

State of Issue _____

Social Security Number _____

Date of Birth _____

reference CHECKING

Authorization to Obtain Records and Other Information for Employment Purposes

▶

NAME (First, Middle (full), Last)		PAST LEGAL NAMES or ALIAS (First, Middle (full), Last)	
CURRENT STREET ADDRESS, CITY, STATE, ZIP		HOW LONG?	
FIRST PREVIOUS STREET ADDRESS, CITY, STATE, ZIP		HOW LONG?	
SECOND PREVIOUS STREET ADDRESS, CITY, STATE, ZIP		HOW LONG?	
APPLICANT SOCIAL SECURITY NUMBER	DATE OF BIRTH	DRIVER'S LICENSE # AND STATE ISSUED	MALE / FEMALE (circle one)

WAIVER

I hereby authorize Capital Associated Industries Services Corporation (CAI) to prepare a consumer report that will include my present and previous employment information, including salary as well as work performance. I also authorize CAI to verify my past and present driving records, education records, credit history, professional credentials, and other records as may be appropriate. I further authorize CAI to perform a criminal records search.

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement or omission of information on my application form may result in my termination. I further understand that this application is not intended to be a contract of employment, nor does this application serve as an obligation in any way to employ me or not to employ me.

I hereby fully waive any rights or claims that I have or may have against all current and/or former employers, and their agents, employees, and representative and damages that may directly or indirectly result from the use, disclosure or release of any information by any person or party, whether such information is favorable or unfavorable to me. I further waive any claim against you and any outside agency utilized by you as a result of any information which is obtained in this investigation.

California, Minnesota and Oklahoma residents only:

I want to receive a free copy of any Consumer Report, Investigative Consumer Report or Credit Report on me that is requested. Yes No

New York employers and residents only: By signing this consent form I acknowledge receipt of a copy of Article 23-A of New York Corrections Law.

SIGNATURE	DATE
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For office use only

Fax to 1-919-876-6272

COMPANY NAME	REQUESTOR
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- Criminal Record
 Credit Report
 Motor Vehicle Record
 Social Sec. No. Trace
 OIG
 Federal Record

For Georgia criminal searches only: (must check one)

- Employment with Mentally Disabled (Purpose Code M)
 Employment with Children (Purpose Code W)
 Employment with Elder Care (Purpose Code N)
 None Apply

CRIMINAL (where) 1	2	3
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EMPLOYMENT 1	2	3
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PROFESSIONAL LICENSE VERIFICATION	EDUCATION VERIFICATION
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