



Mailing address: PO Box 129, Pollocksville, NC 28573

PERSONAL INFORMATION

Last Name	First Name	MI	Date:
Street Address			Home Telephone Number
City, State, Zip Code			Business Telephone Number ( if applicable)
Have you ever been employed by Blue Rock Structures, Inc. ? Yes ____ No ____ If yes, when ? _____			Social Security Number
Position Applying For			Some positions require the employee to have a valid drivers license. Do you have one? Yes ____ No ____
Pay Expected			
Are you available for full-time employment ? Yes ____ No ____ If no, what hours can you work ?			If no, please explain If yes, Driver's License Number
Have you ever been convicted of a felony ? Yes ____ No ____ If yes, explain:			Pay is directly deposited into the employee's bank. Do you have valid Bank Account? Yes ____ No ____ If yes, is it a checking or savings account ?

EDUCATION

School Name and Location	Did you Graduate ?	When ?	Degree
High School	Yes No		
College	Yes No		
Graduate	Yes No		
Trade School	Yes No		
Other Special Training/Skills			

EMERGENCY

**IN CASE OF EMERGENCY, CONTACT**

Name	Relationship
Address	Telephone Number

MILITARY

**MILITARY SERVICE**

Did you serve in the armed forces ? Yes ____ No ____ If yes, what branch? When?
Describe any training you received that may be relevant to the position for which you are applying

**EMPLOYMENT HISTORY**

<b>1</b>	Company Name	Telephone Number
	Address	Dates of Employment: From: _____ To: _____
	Name of Supervisor	Reason for Leaving
	Job Title and Description of Work	Can we contact ?                      yes _____ no _____ If no, why not?
<b>2</b>	Company Name	Telephone Number
	Address	Dates of Employment: From: _____ To: _____
	Name of Supervisor	Reason for Leaving
	Job Title and Description of Work	Can we contact ?                      yes _____ no _____ If no, why not?
<b>3</b>	Company Name	Telephone Number
	Address	Dates of Employment: From: _____ To: _____
	Name of Supervisor	Reason for Leaving
	Job Title and Description of Work	Can we contact ?                      yes _____ no _____ If no, why not?

**REFERENCES**

<b>1</b>	Name	<b>3</b>	Name
	Address		Address
	Telephone Number		Telephone Number
<b>2</b>	Name	<b>4</b>	Name
	Address		Address
	Telephone Number		Telephone Number

**MEDICAL** (Some positions may require the employee to operate various machinery or equipment)

<b>1</b>	Are you taking any prescription or non-prescription medication which may impair your ability to perform the duties for which you are applying? (Optional) Yes _____ No _____ If yes, explain
<b>2</b>	Do have any medical conditions which may impair or impede your ability to perform the duties for which you are applying? (Optional) Yes _____ No _____ If yes, explain

I certify that the above information provided in this application for employment is both true, correct and complete to the best of my knowledge. If employed by BLUE ROCK STRUCTURES, INC., I understand and agree that any misstatements or omissions of fact in this application may be grounds for dismissal. I understand that if employed by BLUE ROCK STRUCTURES, INC. such employment is subject to the policies and procedures of the company. BLUE ROCK STRUCTURES, INC. is an at-will employer and acceptance of an employment offer does not constitute a contractual obligation by the employer. I understand my employment is for no definite period of time and may be terminated, regardless of the date of payment of wages or salary, at any time without prior notice. I authorize investigation of any statement made in this application.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# BLUE ROCK Structures, Inc.

## VOLUNTARY AFFIRMATIVE ACTION/EEO INFORMATION

(Completion of Information is Voluntary)

.....  
We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, material or veteran status, the presence of a non job related medical condition or handicap.  
.....

Date: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Referral Source: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street City State Zip

Phone Number: \_\_\_\_\_  
Area code Phone

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations associated with Affirmative Action and Equal Employment Opportunity, we ask that you complete this data survey. Your cooperation will be appreciated.

Please be advised that this survey is NOT a part of your application for employment. It is considered confidential information that will NOT be used in any hiring decisions.

Check one: Male: \_\_\_\_\_ Female: \_\_\_\_\_

Check one of the following racial/ethnic groups:

Hispanic: \_\_\_\_\_ Black: \_\_\_\_\_ White: \_\_\_\_\_ American Indian/Alaska Native: \_\_\_\_\_

Asian/Pacific Islander: \_\_\_\_\_

We ask that you provide the following information, if you qualify, to assist in proper placement and in determining reasonable accommodation in accordance with the Vietnam Era Veterans Readjustment Act of 1974, the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. This information is considered confidential and refusal to provide this information will not adversely affect your consideration for employment.

Please check if any of the following are applicable:

Vietnam Era Veteran: \_\_\_\_\_ Disabled Veteran: \_\_\_\_\_ Handicapped Individual: \_\_\_\_\_

NOT FOR INTERVIEW PURPOSES