



# EAST COAST DEMOLITION

## APPLICATION FOR EMPLOYMENT

DIRECTIONS: **PRINT** all information requested except SIGNATURE. Applicants may be tested for illegal drugs. **Date:** \_\_\_\_\_

NAME \_\_\_\_\_  
 (LAST) (FIRST) (MIDDLE) (MAIDEN)

PRESENT ADDRESS \_\_\_\_\_  
 (STREET ADDRESS) (CITY) (STATE) (ZIP)

TIME AT CURRENT RESIDENCE \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

HOME PHONE NO. (\_\_\_\_\_) \_\_\_\_\_ CELL PHONE NO. (\_\_\_\_\_) \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ IF UNDER 21, PLEASE LIST AGE \_\_\_\_\_

**POSITION DESIRED** \_\_\_\_\_ **SALARY DESIRED (BE SPECIFIC)** \_\_\_\_\_

As an EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER, *EAST COAST DEMOLITION & ABATEMENT CO., INC. (ECD&A)* does not discriminate against applicants or employees because of their age, race, color, religion, national origin, sex, marital status, disability or on any other basis prohibited by law.

### EMPLOYMENT DESIRED

DATE AVAILABLE TO START WORK \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ OUT OF TOWN?  YES  NO

NUMBER OF HOURS AVAILABLE TO WORK WEEKLY \_\_\_\_\_ ARE YOU AVAILABLE TO WORK WEEKENDS OR NIGHTS? \_\_\_\_\_

EMPLOYMENT DESIRED:  FULL-TIME ONLY  PART-TIME ONLY  FULL OR PART-TIME

HAVE YOU EVER BEEN EMPLOYED BY ECA? \_\_\_\_\_ IF YES, DATES OF EMPLOYMENT: \_\_\_\_\_

IF HIRED, CAN YOU PROVIDE PROOF OF CITIZENSHIP OR LEGAL RIGHT TO WORK?  YES  NO

To comply with the Immigration Reform and Control Act of 1986, if you are hired you will be **required to provide documents** to establish your identity and your authorization to be employed in the United States. Such documents will be required within the first three (3) business days following your hire, or upon your first workday if your employment period will be less than three (3) days.

HAVE YOU EVER BEEN CONVICTED OF A CRIME (MISDEMEANOR OR FELONY)?  YES  NO

IF YES, PLEASE EXPLAIN \_\_\_\_\_  
 (Nature of Offense) (Name/Location of Court) (Date of Conviction)

(Disclosure of a criminal record will not necessarily disqualify you for employment. Each conviction will be evaluated on its own merits with respect to time, circumstances, and seriousness, in relation to the job for which you are applying.)

### DRIVING HISTORY/DRIVER APPLICANTS ONLY

DO YOU HAVE A DRIVER'S LICENSE?  YES  NO DO YOU HAVE TRANSPORT TO/FROM WORK?  YES  NO

DRIVER'S LICENSE NO. \_\_\_\_\_ STATE OF ISSUE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

OPERATOR  COMMERCIAL (CDL)  CDL CLASS \_\_\_\_\_  DOT PHYSICAL

**WITHIN THE LAST 5 YEARS HAVE YOU EVER BEEN CONVICTED OF THE FOLLOWING:**  
*Please note that failure to disclose this information truthfully could lead to disqualification of employment. Any employee seeking employment with East Coast is subject to a full MVR prior to being offered employment.*

DWI/DUI  VEHICLE MANSLAUGHTER/HOMICIDE  
 RECKLESS DRIVING  COMMIT A FELONY W/VEHICLE  
 SUSPENDED LICENSE  ELUDING A POLICE OFFICER  
 SPEEDING MPH + ABOVE THE SPEED LIMIT  SPEED CONTEST OR RACING VIOLATION  
 DRUG OFFENSE  PASSING A STOPPED SCHOOL BUS  
 HIT RUN/LEAVE THE SCENE OF ACCIDENT  DOING 10 MPH+ OVER THE MPH IN SCHOOL ZONE  
 2 OR MORE AT FAULT ACCIDENTS  LENDING AN OPERATOR'S LICENSE OR  
 3+ MOVING VIOLATIONS W/IN LAST 3 YEARS REGISTRATION TO ANOTHER  
 OPEN CONTAINER VIOLATION

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**EMPLOYMENT HISTORY**

(Please list your work experience for the past seven (7) years beginning with your most recent job held.)


**CONDITIONS OF EMPLOYMENT STATEMENT**

**Please read and initial each paragraph, then sign below.**

I certify that all information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal of hire or termination of my employment. I understand that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_

I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with East Coast Demolition & Abatement (ECA&D) creates an actual or implied contract of employment. I understand that, if I accept employment with ECD&A, it will be on an at-will basis. This means that either ECA&D or I have the right to terminate the employment relationship at any time, for any reason, with or without cause.

\_\_\_\_\_

I further understand that my employment with ECA&D shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with ECA&D is terminable at will or for any reason by either party.

\_\_\_\_\_

I permit ECA&D to examine my references, record of employment, education record, and any other information I have provided (unless otherwise indicated). I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release ECA&D, my former employers and all other persons, corporations, partnerships, and associations from any and all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

\_\_\_\_\_

I agree to submit to drug and alcohol testing, if requested by ECA&D. I release ECA&D, and its employees, plus other persons, or companies, from any and all liability arising out of or related in any way to such testing.

\_\_\_\_\_

I understand that this application, exam documents and attachments become a part of ECA&D records and will not be returned, reused, or copied for me once submitted. I also understand that this application for employment shall only remain active for 120 days. If after 120 days I am still interested in employment at ECA&D, I must inquire as to whether or not applications are being accepted at this time.

\_\_\_\_\_

**Signature of Applicant** \_\_\_\_\_

**Date** \_\_\_\_\_