



East Coast Abatement, 176 Windchaser Way, Moyock, NC 27958

**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. (\_\_\_\_\_) \_\_\_\_\_ IF UNDER 21, PLEASE LIST AGE \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**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.)

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (MAILING ADDRESS)	GRADUATE?	MAJOR & DEGREE
HIGH SCHOOL		_____		_____
COLLEGE		_____		_____
BUSINESS OR TRADE SCHOOL		_____		_____
PROFESSIONAL SCHOOL		_____		_____

**MILITARY EXPERIENCE**

BRANCH OF SERVICE \_\_\_\_\_ RANK IN MILITARY \_\_\_\_\_

DATES: FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_

PRESENT MILITARY AFFILIATION:  NONE  RESERVE (ACTIVE)  RESERVE (INACTIVE)

CLAIMING VETERAN'S PREFERENCE?  YES  NO (ATTACH COPY OF DD214 AND/OR SERVICE CONNECTED DISABILITY.)

**OFFICE APPLICANTS ONLY**

TYPING:  YES \_\_\_\_\_ WPM  NO  
10 KEY:  YES \_\_\_\_\_ KPM  NO  
WORD PROCESSING:  YES \_\_\_\_\_ WPM  NO

PERSONAL COMPUTER:  YES  NO  PC  MAC

Please list programs you have used and how experienced you are with each (expert, familiar, beginner) \_\_\_\_\_  
\_\_\_\_\_

Other skills not previously listed: \_\_\_\_\_  
\_\_\_\_\_

**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 \_\_\_\_\_

HAVE YOU HAD ANY VEHICULAR ACCIDENTS DURING THE LAST 3 YEARS?  YES  NO HOW MANY? \_\_\_\_\_

HAVE YOU HAD ANY MOVING VIOLATIONS DURING THE LAST 3 YEARS?  YES  NO HOW MANY? \_\_\_\_\_

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	FROM	TO	APPROX. NO. OF MILES
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR - TWO TRAILERS				
OTHER:				
ISSUED DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

**REFERENCES:** List 2 persons, other than relatives or personal friends, who have knowledge of your work experience and/or education.

1. NAME \_\_\_\_\_ PHONE # \_\_\_\_\_ COMPANY \_\_\_\_\_

TITLE/RELATIONSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_

2. NAME \_\_\_\_\_ PHONE # \_\_\_\_\_ COMPANY \_\_\_\_\_

TITLE/RELATIONSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_

**EMPLOYMENT HISTORY**

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

MAY WE CONTACT YOUR PRESENT EMPLOYER?     YES     NO    IF NOT, WHY? \_\_\_\_\_

**1**    EMPLOYER/COMPANY \_\_\_\_\_  
COMPANY ADDRESS \_\_\_\_\_

PHONE #	NAME & TITLE OF SUPERVISOR	TITLE OF POSITION HELD	DATES EMPLOYED	HOURS PER WEEK
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REASON FOR LEAVING: \_\_\_\_\_

LIST THE JOBS YOU HELD, DUTIES PERFORMED, SKILLS & EQUIPMENT USED OR LEARNED, ADVANCEMENTS OR PROMOTIONS RECEIVED THAT ARE RELEVANT TO THE POSITION YOU ARE APPLYING FOR.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2**    EMPLOYER/COMPANY \_\_\_\_\_  
COMPANY ADDRESS \_\_\_\_\_

PHONE #	NAME & TITLE OF SUPERVISOR	TITLE OF POSITION HELD	DATES EMPLOYED	HOURS PER WEEK
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REASON FOR LEAVING: \_\_\_\_\_

MAY WE CONTACT THIS EMPLOYER? \_\_\_\_\_ IF NO, WHY NOT? \_\_\_\_\_

LIST THE JOBS HELD, DUTIES PERFORMED, SKILLS USED OR LEARNED, ADVANCEMENTS OR PROMOTIONS RECEIVED THAT ARE RELEVANT TO THE POSITION YOU ARE APPLYING FOR.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3**    EMPLOYER/COMPANY \_\_\_\_\_  
COMPLETE ADDRESS \_\_\_\_\_

PHONE #	NAME & TITLE OF SUPERVISOR	TITLE OF POSITION HELD	DATES EMPLOYED	HOURS PER WEEK
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REASON FOR LEAVING: \_\_\_\_\_

MAY WE CONTACT THIS EMPLOYER? \_\_\_\_\_ IF NO, WHY NOT? \_\_\_\_\_

LIST THE JOBS HELD, DUTIES PERFORMED, SKILLS USED OR LEARNED, ADVANCEMENTS OR PROMOTIONS RECEIVED THAT ARE RELEVANT TO THE POSITION YOU ARE APPLYING FOR.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY**

(Continued)

<b>4</b>				
EMPLOYER/COMPANY _____ COMPANY ADDRESS _____				
PHONE #	NAME & TITLE OF SUPERVISOR	TITLE OF POSITION HELD	DATES EMPLOYED	HOURS PER WEEK
REASON FOR LEAVING: _____				_____
MAY WE CONTACT THIS EMPLOYER? _____ IF NO, WHY NOT? _____				
LIST THE JOBS HELD, DUTIES PERFORMED, SKILLS USED OR LEARNED, ADVANCEMENTS OR PROMOTIONS RECEIVED THAT ARE RELEVANT TO THE POSITION YOU ARE APPLYING FOR.				
_____				
_____				
_____				
_____				
<b>5</b>				
EMPLOYER/COMPANY _____ COMPLETE ADDRESS _____				
PHONE #	NAME & TITLE OF SUPERVISOR	TITLE OF POSITION HELD	DATES EMPLOYED	HOURS PER WEEK
REASON FOR LEAVING: _____				_____
MAY WE CONTACT THIS EMPLOYER? _____ IF NO, WHY NOT? _____				
LIST THE JOBS HELD, DUTIES PERFORMED, SKILLS USED OR LEARNED, ADVANCEMENTS OR PROMOTIONS RECEIVED THAT ARE RELEVANT TO THE POSITION YOU ARE APPLYING FOR.				
_____				
_____				
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_____				
<b>6</b>				
EMPLOYER/COMPANY _____ COMPLETE ADDRESS _____				
PHONE #	NAME & TITLE OF SUPERVISOR	TITLE OF POSITION HELD	DATES EMPLOYED	HOURS PER WEEK
REASON FOR LEAVING: _____				_____
MAY WE CONTACT THIS EMPLOYER? _____ IF NO, WHY NOT? _____				
LIST THE JOBS HELD, DUTIES PERFORMED, SKILLS USED OR LEARNED, ADVANCEMENTS OR PROMOTIONS RECEIVED THAT ARE RELEVANT TO THE POSITION YOU ARE APPLYING FOR.				
_____				
_____				
_____				
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**ADDITIONAL INFORMATION**

USE THE SPACE BELOW TO SUMMARIZE ANY ADDITIONAL INFORMATION NECESSARY TO DESCRIBE YOUR FULL QUALIFICATIONS FOR THE SPECIFIC POSITION FOR WHICH YOU ARE APPLYING

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**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 (ECD&A) 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 ECD&A 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 ECD&A 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 ECD&A is terminable at will or for any reason by either party.

\_\_\_\_\_

I permit ECD&A 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 ECD&A, 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 ECD&A. I release ECD&A, 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 ECD&A 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 ECD&A, I must inquire as to whether or not applications are being accepted at this time.

\_\_\_\_\_

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

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

Thank you for completing this application form and for your interest in our business.

**FOR HUMAN RESOURCE DEPARTMENT USE ONLY**

ARRANGE INTERVIEW?     YES     NO

INTERVIEWED BY: \_\_\_\_\_

REMARKS:

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EMPLOYED?     YES     NO

DATE OF HIRE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

JOB TITLE: \_\_\_\_\_

HOURLY RATE/SALARY: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_