



PO Box 1147
Dunn, NC 28835
910-897-4995

Equal Opportunity Employer



APPLICATION FOR EMPLOYMENT And Pre-employment Questionnaire

Date _____

PERSONAL INFORMATION

Name _____ Social Security Number _____
 First Middle Last

Address _____
 Street City State Zip

Home Phone _____ Cell Phone/ Other _____ Best time to call _____

Are you over 18 ? _____ Month and Day of Birth _____

Are you legally eligible to work in the United States? _____

EMPLOYMENT DESIRED

Position _____ Date you can start _____ Salary Desired _____

Are you currently employed? _____ May we inquire of your current employer? If not, why not? _____

How did you hear of this job opening? _____

Have you ever worked with a Godwin Group Co? _____ Where? _____ When? _____

| Heading | | | | |
|-------------------------------|----------------------------------|--------------------------|-------------------|------------------|
| EDUCATION | Name and location of your school | Number of years attended | Did you graduate? | Subjects Studied |
| Grammar School | | | | |
| High School | | | | |
| College/Other | | | | |
| Trade, Business, Other School | | | | |

GENERAL INFORMATION

Subjects of study related to this job _____

Certifications or Training that apply to this job _____

Special Skills _____

Activities (civic, athletic, etc) _____

US Military or Naval Service _____ Rank _____ Present Membership in the Guard _____

WORK HISTORY

| Date: Month and Year | Name and Phone Number of Former Employer | Former Supervisor | Job Title | Salary | Reason for Leaving |
|----------------------|--|-------------------|-----------|--------|--------------------|
| | | | | | |
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| | | | | | |

REFERENCES- Please provide the information below for three people not related to you, whom you have known at least 1 year.

| Name | Business/ Relationship | Phone Number/ Address | Years Acquainted |
|------|------------------------|-----------------------|------------------|
| | | | |
| | | | |
| | | | |

EMERGENCY CONTACT

In case of an emergency, please notify:

CERTIFICATION

I certify that all information submitted by me on this application is true and complete and I understand that any false information, omissions, or misrepresentations are discovered my application will be rejected and, if I am already employed, that my employment can be terminated at any time. In consideration of my employment, I agree to conform to the company rules and regulations. I also agree that my employment and compensation can be terminated, with or without cause or notice, at any time and that my working status can be changed at any time.

I also understand that in accordance with the Fair Credit and Reporting Act, The Godwin Group will do a full reference check and full criminal background check. I understand that any felonies, violent misdemeanors, or other wrongdoings can prevent or cease my employment here at any time. By signing, dating, and providing your birth day on the front of this form, you acknowledge that you have been informed that backgrounds will be considered when a hiring decision is made.

Signature of applicant

Date