

SHOWCASE RESTORATION

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 Office 910.864.0911 - FAX 910.868.1586
 employment@showcaserestoration.com
 www.showcaserestoration.com

Career History Form

This information will not be the only basis for hiring decisions. You are not required to furnish any information that is prohibited by federal, state or local law.

Last name	First	Middle	Date:
Home address	City	State	Zip code
Email Address			Home Phone Number
			Cell Phone Number

How long at the above Home Address _____ Alternate Phone Number _____

How did you hear about this job? Friend Relative Bulletin Board Job Line Internet Newspaper
 College Posting Employment Security Commission Walk-in Other _____

Are you working now? Yes No Date Available for work: _____

Position applied for _____ Earnings expected \$ _____

Are you related by blood or marriage to any person now working for Showcase or any of its affiliates? Yes No

Spouse's Name: _____

Previous Address (if above is less than 2 years): _____

Next of Kin (Who do we call in the event of an extreme emergency?): _____

Relationship: _____ Phone #: _____

Have you ever been convicted of an offense against the law? (A conviction does not mean you cannot be hired; the offense and how recently you were convicted will be evaluated in relation to the job for which you are applying) If yes, please explain. Yes No _____

Can you perform the essential functions of the job you are applying for, with or without reasonable accommodations?
 Yes No

Do you have any known conditions, allergies or drug/medical reactions which may require assistance by other persons in the event of incapacitation to inability to communicate?: Yes No _____

Please list a permanent address where end of the year tax information can be sent to you with certainty that it will be forwarded to you: _____

I. BUSINESS EXPERIENCE: (Please start with your present or most recent position)

A. Firm _____ Address _____
 City _____ State _____ Zip _____ Phone (____) _____
 Kind of business _____ Employed from _____ To _____
 (Month/Year)
 Base \$ _____
 Initial Final total Bonus \$ _____
 Title _____ compensation \$ _____ compensation \$ _____ Other \$ _____
 Supervisory Name & title of
 Responsibility _____ immediate supervisor _____
 What did you like most about your job? _____
 What did you least enjoy? _____
 Reasons for leaving or desiring to change _____

B. A. Firm _____ Address _____
 City _____ State _____ Zip _____ Phone (____) _____
 Kind of business _____ Employed from _____ To _____
 (Month/Year)
 Base \$ _____
 Initial Final total Bonus \$ _____
 Title _____ compensation \$ _____ compensation \$ _____ Other \$ _____
 Supervisory Name & title of
 Responsibility _____ immediate supervisor _____
 What did you like most about your job? _____
 What did you least enjoy? _____
 Reasons for leaving or desiring to change _____

C. Firm _____ Address _____
 City _____ State _____ Zip _____ Phone (____) _____
 Kind of business _____ Employed from _____ To _____
 (Month/Year)
 Base \$ _____
 Initial Final total Bonus \$ _____
 Title _____ compensation \$ _____ compensation \$ _____ Other \$ _____
 Supervisory Name & title of
 Responsibility _____ immediate supervisor _____
 What did you like most about your job? _____
 What did you least enjoy? _____
 Reasons for leaving or desiring to change _____

Other Positions held*:

a. Company		a. Your title		Date (mo/yr)	Compensation	a. Type of work	
b. City	b. Name of supervisor	a. Began	b. Left	a. Initial	B. Final	b. Reason for leaving	
D. a. _____	_____	_____	_____	_____	_____	_____	
b. _____	_____	_____	_____	_____	_____	_____	
E. a. _____	_____	_____	_____	_____	_____	_____	
b. _____	_____	_____	_____	_____	_____	_____	
F. a. _____	_____	_____	_____	_____	_____	_____	
b. _____	_____	_____	_____	_____	_____	_____	

*Indicate by letter _____ any of the above employers you do not wish contacted.

II. MILITARY EXPERIENCE:

Branch _____ Date (mo/yr) entered _____ Date (mo/yr) discharged _____
 Nature of duties _____ Highest rank or grade _____ Final rank or grade _____

III. EDUCATION:

High School 1 2 3 4 College/Graduate School 1 2 3 4 5 6 7 8(Circle highest grade completed)

A. High School Name of High School _____ Location _____
 Approximate number in graduating class _____ Rank from the top _____
 Final grade point average _____ (A = _____)
 Extracurricular activities _____
 Offices, honors/awards _____
 Part-time and summer work _____

College/Graduate School

Name and location	Dates		Degree	Major	Grade Point average	Total credit hours	Extracurricular activities, honors and awards
	From	To					
					(A= _____)		
					(A= _____)		

What undergraduate courses did you like most? Why? _____

What undergraduate courses did you like least? Why? _____

How was your education financed? _____

Part-time and summer work _____

Other courses, seminars, or studies _____

IV. ACTIVITIES:

Membership in professional or job-relevant organizations (You may exclude groups that indicate race, color, religion, national origin, disability, or other protected status.) _____

Publications, patents, inventions, professional licenses, or additional special honors or awards _____

What qualifications, abilities, and strong points will help you succeed in this job? _____

What are your weak points and areas for improvement? _____

V. CAREER NEEDS:

Willing to relocate? Yes _____ No _____ If no, explain _____

Amount of overnight travel acceptable _____

What are your career objectives? _____

VI. OTHER:

Do you have the legal right to work for any employer in the United States? Yes _____ No _____

Have you ever been convicted of a crime (other than a minor traffic violation)? Yes _____ No _____

If so, explain _____

VII. ACTUAL EXPERIENCE/CERTIFICATIONS IN ANY OF THE FOLLOWING:

Please check

COMPUTER

- _____ Windows
- _____ Outlook
- _____ Word
- _____ Excel
- _____ Other: _____
- _____ Other: _____
- _____ Other: _____

BOOKKEEPING/ACCOUNTING

- _____ Full Charge
- _____ Accounts Receivable
- _____ Accounts Payable
- _____ Inventory Records
- _____ Payroll
- _____ Other: _____
- _____

CLERICAL

- _____ Filing:
- _____ Alpha
- _____ Subject
- _____ Numeric
- _____ Geographic
- _____ Correlating

EQUIPMENT OPERATOR

- _____ Forklift
- _____ Tow Trailer
- _____ Other: _____
- _____ Other: _____
- _____ Other: _____

SUPERVISOR

- _____ Project Supervisor/Manager
- _____ Crew Leader
- _____ Team Leader
- _____ Site Supervisor
- _____ Lead Carpenter

RESTORATION

- _____ Moisture Mapper
- _____ Xactimate 1
- _____ Xactimate 2
- _____ Xactimate 3
- _____ Xactanalysis
- _____ IICRC: _____
- _____
- _____ RRP-Lead Renovation

VIII. SHOWCASE RESTORATION CO. POLICIES (please initial on each line)

_____ I understand that any omission or misrepresentation of material fact in this application may result in refusal of/or separation from employment.

_____ I have no objection to signing an employee agreement of confidential information.

_____ **Drug Policy**—I acknowledge that Showcase Restoration Co. subscribes to a “Drug and Alcohol Free Workplace”, and that use of drugs or alcohol on the job is prohibited and may result in immediate termination and loss of all entitlements. I further consent as a condition of employment to voluntarily submit to medical procedures at any time for random or directed drug testing and that failure to submit will be considered to be in violation of company policy and subject to dismissal.

I understand that as a condition of employment I must present a medical certificate indicating no unlawful use of controlled substances. This Drug Test is required prior to starting work and instructions on how to obtain this drug testing will be provided to me if I accept an offer of employment. I acknowledge that I will be required to report for drug testing within 48 hours of receiving these instructions.

CONTINUED ON NEXT PAGE

_____ **Accident Testing**—It is our company policy to have a urine test performed for any individual involved in an accident or injury on our job. If the test detects the presence of a controlled substance for which the individual does not have prior written medical prescription, we will take the position that the accident was caused by that individual being impaired and will prosecute to collect any monies paid for medical attention and collect damages for any equipment or losses suffered by the accident. Your acceptance hereon is your acknowledgement and acceptance of the terms and conditions of this policy as part of any employment agreement.

_____ **Have you ever been dismissed, requested to resign, resigned rather than face disciplinary action, or refused re-employment by a previous employer? Yes ___ No ___ If you answered yes, please explain** _____

_____ **Payroll & Timekeeping Policy** — Payroll runs from Saturday through Friday and is processed weekly. This means that if you are hired on Tuesday, your time will be completed on that Friday and you will be paid the following Friday. We do not advance wages, pay advance draws or lend money on your payroll.

Showcase Restoration Co. subscribes to a Direct Deposit Only payroll payment system. You must provide banking information on your first day of employment for direct deposit purposes. If you cannot qualify for this method of payroll disbursement at the time you are hired, you may receive a check for payroll for the first week of work while you obtain an appropriate bank account. Failure to secure a bank account for direct deposit purposes may be grounds for separation.

Most non-exempt (hourly) employees log in time worked on a cell phone provided by the company to record time on jobs. You are required to consistently log time as directed. In the event you are not assigned a cell phone, or if you are directed by management, you must complete a timesheet and/or utilize a timecard. Timesheets/timecards must be completed daily and submitted to your manager or the Accounts Payable Coordinator no later than 9:00 a.m. each Monday.

I understand and agree that those company policies and procedures governing administration and payroll have been explained to me and will be incorporated by reference as a condition of any employment agreement.

_____ **Time Off Requests** — All employees are required to submit Time Off Requests for anytime not worked whether scheduled or unscheduled. Scheduled/Excused time must be requested a minimum of two weeks in advance in accordance with the company's attendance policy.

_____ **Absence Reporting Policy**— It is a requirement of employment with Showcase Restoration to call into your manager immediately if you are unable to work. If your manager is unavailable, or you are calling prior to normal office hours, you may report your unscheduled absence to the manager on-call or another member of senior management by calling the main office number 910-864-0911. You must then follow up with your manager as soon as possible. Failure to contact management when you are unable to report to work may result in disciplinary action up to and including termination. Failure to report for 3 consecutive days will be considered a constructive, voluntary termination. Texting is not an acceptable form of notification of an absence.

_____ **Probationary Period**— I acknowledge and consent to the Showcase Restoration Co. policy setting aside the first ninety (90) days as a probationary period during which time I will continue to be evaluated for the performance of the job I have applied for. I further understand that I may be released during this probationary period for non-performance and I waive any charged claim of unemployment resulting from this termination.

_____ **Background Investigation/DMV Screening**— I understand that as a requirement of employment, I must present a Background Investigation and Motor Vehicle Report indicating no unlawful activity. This Background Investigation and Motor Vehicle Report is part of any employment agreement with Showcase Restoration Co. I agree to complete a background check release form if I accept an offer of employment and annually as requested.

_____ **Tetanus Vaccine (10 year)**—I understand that as a condition of employment as a “field” worker I may be required to obtain a receive a Tetanus vaccine. *If you have previously received the Tetanus vaccine within the last 10 years, please provide a medical certificate to Showcase Restoration Co.*

CONTINUED ON NEXT PAGE

_____ **Pulmonary Function Test (PFT)**—I understand that as a condition of employment as a “field” worker I must present a medical certificate indicating I have successfully completed a pulmonary function test confirming sufficient lung capacity for use of a respirator. The pulmonary function test is required prior to starting work and instructions on how to obtain this testing will be provided to me if I accept an offer of employment. I acknowledge that I will be required to report for the PFT within 48 hours of receiving these instructions.

_____ **Hepatitis B Vaccine**—I understand that as a condition of employment as a “field” worker I may be required to receive a Hepatitis B Vaccine (3 shot series). The Hepatitis B Vaccine series is required for employees who may come in contact with sewage. *If you have previously received the Hepatitis B Vaccine series, please provide a medical certificate to Showcase Restoration Co.*

I have submitted all of the above information and state that it is correct to the best of my knowledge, entered upon my own free will. By affixing my signature hereon, I certify that the information submitted herein is conditional and essential to the hiring process.

I certify that answers given in this Career History Form are true, accurate and complete to the best of my knowledge. I authorize investigation into all statements I have made on this form as may be necessary for reaching an employment decision.

In the event I am employed, I understand that any false or misleading information I knowingly provided in my Career History Form or interview(s) may result in discharge and/or legal action. I understand also that if employed, I am required to abide by all rules and regulations of the employer and any special agreements reached between the employer and me.

My signature below certifies that all the information contained in this application is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. Falsifications or misrepresentations will disqualify me from consideration for employment or, if hired, will be grounds for termination. I give permission for you to contact my past employers for references except for those I have indicated should not be contacted on page 2 of this employment application.

Signature

Date

Witness Signature

Date