

SHOWCASE RESTORATION

5500 Yadkin Road - Fayetteville, NC 28303
 Office 910.864.0911 - FAX 910.868.1586
 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 Area code + telephone no. |
| Business address | City | State | Zip code Area code + telephone no. |
| Email: | Cell: | | |

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

Drivers License #: _____ State: _____ Expires: _____

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 | |
|-------------|-----------------------|---------------|---------|--------------|--------------|--|
| b. City | b. Name of supervisor | a. Began | b. Left | a. Initial | B. Final | a. Type of work 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 (A= _____) | 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 IN ANY OF THE FOLLOWING:

Please check

TYPING MACHINES

- _____ Electric Speed
- _____ Manual Speed
- _____ Wide Carriage
- _____ IBM Executive
- _____ Justify Margins
- _____ Mag Card
- _____ Flexowriter

BOOKKEEPING/ACCOUNTING

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

CLERICAL

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

EQUIPMENT OPERATOR

- _____ Crane
- _____ Backhoe
- _____ Front End Loader
- _____ Jack Hammer
- _____ Air Compressor

SUPERVISOR

- _____ Labor Foreman
- _____ Concrete Foreman
- _____ Lead Carpenter
- _____ Head Carpenter
- _____ Lull

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 hereby authorize the company to make any investigation of my background deemed necessary and 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. If the test is free of controlled substances, Showcase Restoration Co. will reimburse me the cost of the test (approx. \$39.00). If I leave the employment of Showcase Restoration Co. prior to completing 90 work days, I hereby authorize the cost of this drug test to be deducted from my final wages.

_____ **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 your 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 Policy**— Payroll runs from Saturday through Friday and the time sheets are kept by the project manager. You will initial your time sheet daily and it will be turned in on the following Monday before 3:00 PM; you will be paid the following Friday. This means that if you are hired on Wednesday, 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. If you are hired and cannot qualify for this method of payroll disbursement, a letter from a bank is required stating the circumstances. This will create a temporary condition of hire for up to 90 days while you will continue to seek a bank account and during this period payroll will be paid bi-weekly. Failure to secure a bank account within 90 days of employment will be grounds for separation

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.

_____ **Absence Policy**— If you cannot be at work, you must call the office (864-0911) by 8:00AM in the morning with an explanation. Failure to do so will result in disciplinary action or termination.

_____ **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.

_____ **DMV Screening/Background Investigation**— 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 your employment agreement with Showcase Restoration Co.. If I leave the employment of Showcase Restoration Co., prior to completing 90 work days, I hereby authorize the cost of the Background Investigation and Motor Vehicle Report to be deducted from my final wages.

_____ **Tetanus Shot (10 year)**—I understand that as a condition of employment as a “field” worker I must present a medical certificate indicating I have received a tetanus shot within the last 10 years. The Tetanus shot is required prior to starting work. If I need a tetanus shot, I can receive one from my own doctor or at US Healthworks (approx. \$29.00) or at the Health Dept. (free). The tetanus shot is at my own expense and will not be reimbursed by Showcase Restoration.

_____ **Pulmonary Function Test**—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. If the test is successful, Showcase Restoration Co. will reimburse me the cost of the test (approx. \$25.00). If I leave the employment of Showcase Restoration Co. prior to completing 90 work days, I hereby authorize the cost of this pulmonary function test to be deducted from my final wages.

_____ **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. The cost of the vaccine (approx. \$240.00) will be paid for by Showcase Restoration Co. If I leave the employment of Showcase Restoration Co. prior to completing one year of employment, I hereby authorize the cost of this Hepatitis B Vaccine to be deducted from my final wages. *If you have previously received the Hepatitis B Vaccine series, please provide a medical certificate to Showcase Restoration Co.*

CONTINUED ON NEXT PAGE

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.

Signature

Date

Witness Signature

Date