

**Megawood, Inc.**  
**670 W. Allenton St. PO Box 1227**  
**Mt. Gilead, NC 27306**  
**910-439-2124**

**Application for Employment**

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PHONE \_\_\_\_\_

SS # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

REFERRED BY \_\_\_\_\_

DATE YOU CAN START \_\_\_\_\_

ARE YOU EMPLOYED NOW?  YES  NO

IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?  YES  NO

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE?  YES  NO

WHEN \_\_\_\_\_

DO YOU HAVE A PHYSICAL OR MEDICAL CONDITION WHICH WOULD INTERFERE  
WITH YOUR JOB PERFORMANCE?  YES  NO

IF SO, EXPLAIN \_\_\_\_\_

ARE YOU WILLING TO WORK OVERTIME IF IT IS NEEDED?  YES  NO

ANY SPECIAL TRAINING / SKILLS?  YES  NO

IF SO, EXPLAIN \_\_\_\_\_

**EMPLOYMENT HISTORY: LIST STARTING WITH PRESENT OR LAST EMPLOYER**

(1) EMPLOYER NAME \_\_\_\_\_

DATE EMPLOYED: FROM \_\_\_\_\_ TO \_\_\_\_\_

POSITION \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

(2) EMPLOYER NAME \_\_\_\_\_

DATE EMPLOYED: FROM \_\_\_\_\_ TO \_\_\_\_\_

POSITION \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

(3) EMPLOYER NAME \_\_\_\_\_

DATE EMPLOYED: FROM \_\_\_\_\_ TO \_\_\_\_\_

POSITION \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

**EDUCATION**

HIGH SCHOOL \_\_\_\_\_  
NAME CITY / STATE

YEARS ATTENDED \_\_\_\_\_ DID YOU GRADUATE?  YES  NO

COLLEGE \_\_\_\_\_  
NAME CITY / STATE

YEARS ATTENDED \_\_\_\_\_ DID YOU GRADUATE?  YES  NO

TECHNICAL/TRADE \_\_\_\_\_  
NAME CITY / STATE

YEARS ATTENDED \_\_\_\_\_ DID YOU GRADUATE?  YES  NO

**PERSONAL REFERENCES**

(1) NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

YEARS KNOWN \_\_\_\_\_

(2) NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

YEARS KNOWN \_\_\_\_\_

(3) NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

YEARS KNOWN \_\_\_\_\_

**MILITARY SERVICE RECORD**

HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES?  YES  NO

HIGHEST RANK ACHIEVED \_\_\_\_\_

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

**APPLICANT'S AUTHORIZATION:**

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

SIGNATURE OF APPLICANT \_\_\_\_\_

DATE: \_\_\_\_\_