

# APPLICATION FOR EMPLOYMENT

215 Craven St, New Bern, NC 28560  
Phone: 252 638 4261 | Fax: 252 638 4397



## PERSONAL INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Email Address \_\_\_\_\_  
Are you 16 years or older? \_\_\_\_\_ Rate of Pay Desired \_\_\_\_\_

## AVAILABILITY

Check One: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Temporary/Seasonal \_\_\_\_\_

**Please indicate times you would be available to work each day:**

MON \_\_\_\_\_ TUES \_\_\_\_\_ WED \_\_\_\_\_ THUR \_\_\_\_\_ FRI \_\_\_\_\_ SAT \_\_\_\_\_ SUN \_\_\_\_\_

Is there anything that would potentially keep you from getting to work on time? \_\_\_\_\_

When are you available to start work? \_\_\_\_\_

## SKILLS

**Explain any knowledge or experience in hardware, garden, and/or retail:** \_\_\_\_\_

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

**List skills, training, or qualifications you have that you feel would benefit your employment:** \_\_\_\_\_

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

**List your personality strengths:** \_\_\_\_\_

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

**List your weaknesses:** \_\_\_\_\_

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

**How would you describe your ideal work environment?** \_\_\_\_\_

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

**What do you see yourself doing in one year?** \_\_\_\_\_

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

**How would you rate yourself?** 1 = Need Improvement 2 = Good 3 = Excellent

Energy Level \_\_\_\_\_ Stress Control \_\_\_\_\_ Adaptable \_\_\_\_\_  
 Personal Pride \_\_\_\_\_ Reliability \_\_\_\_\_ Attention to Detail \_\_\_\_\_  
 Team Player \_\_\_\_\_ Hospitable \_\_\_\_\_ Communication Skills \_\_\_\_\_

Years Attended	Did you graduate?	Name and Location

### **EDUCATION**

High School

College / University

Trade / Technical

### **WORK EXPERIENCE – you may skip this section if attaching a resume**

Company \_\_\_\_\_ Location \_\_\_\_\_ Phone # \_\_\_\_\_

Dates Employed \_\_\_\_\_ Wage \_\_\_\_\_ Job Title \_\_\_\_\_

Describe work performed: \_\_\_\_\_

\_\_\_\_\_

Company \_\_\_\_\_ Location \_\_\_\_\_ Phone # \_\_\_\_\_

Dates Employed \_\_\_\_\_ Wage \_\_\_\_\_ Job Title \_\_\_\_\_

Describe work performed: \_\_\_\_\_

\_\_\_\_\_

Company \_\_\_\_\_ Location \_\_\_\_\_ Phone # \_\_\_\_\_

Dates Employed \_\_\_\_\_ Wage \_\_\_\_\_ Job Title \_\_\_\_\_

Describe work performed: \_\_\_\_\_

\_\_\_\_\_

### **REFERENCES**

List the information of two persons, not related to you, whom you have known for at least one year:

Name Phone # Relationship Employer Years known

\_\_\_\_\_

\_\_\_\_\_

I understand that incorrect or misleading information on this application may result in termination of employment.  
 All fields required before submission.

Signature \_\_\_\_\_ Date \_\_\_\_\_