



**APPLICATION FOR EMPLOYMENT**

P.O. Box 26140/225 Commerce Place Greensboro, NC 27402

**Please print and be sure to answer all questions. Incomplete applications will not be considered.**

***Our company is an Equal Employment Opportunity employer. No applicant will be discriminated against in employment because of race, religion, color, sex, age, national origin, disability, military status or any other factor protected by federal, state and/or local laws.***

Applicant Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
Last First Middle

Current Address: \_\_\_\_\_  
Number & Street City State Zip

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Best time to contact you: \_\_\_\_\_ May we contact you at work? yes no

If yes, please provide your work number and best time to reach you: \_\_\_\_\_

Position applying for: \_\_\_\_\_ Full Time Part Time

Are you at least 18 years of age? yes no What date are you available for employment? \_\_\_\_\_

Are there any hours or days that you are not available for work? yes no If yes, when? \_\_\_\_\_

Briefly state why you would like to work for FirstPoint, Inc.

How did you hear about the job opening? \_\_\_\_\_ Salary Required: \_\_\_\_\_

Are you eligible to work in the United States? yes no If hired, proof of eligibility for employment is required.

Regular attendance and punctuality are essential requirements of every position in this Company. Are you able to meet our Company's regular attendance and punctuality requirements if you are offered a position with our Company?

yes no

EDUCATION	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	COURSE OF STUDY	DID YOU GRADUATE
High School				
College/University				
Trade/Business or Other				

If you did not graduate high school, do you have a high school equivalency (GED)?    yes    no

**JOB SKILLS** (Please list all that apply).

- |                         |  |
|-------------------------|--|
| _____ Typing            | _____ Bookkeeping                            |
| _____ Fax Machines      | _____ Payroll System (Name of System: _____) |
| _____ Postage Machine   | _____ Bursting Machine                       |
| _____ 10-Key Calculator | _____ Mail Insert Machine                    |
| _____ Computer Software | _____ Predictive Dialer                      |
| _____ Windows           | _____ Multi-Line Telephone System            |
| _____ Word              | _____ CRT Operator (SPH _____)               |
| _____ Excel             | _____ Other ( _____ )                        |
| _____ Access            |  |
| _____ PowerPoint        |  |

Do you speak, understand and/or write language other than English?    yes    no If yes, which language? \_\_\_\_\_

Are there any other experiences, or job skills that you feel would qualify you for employment with our company?  
 yes    no If yes, please list: \_\_\_\_\_  
 \_\_\_\_\_.

**REFERENCES** (List the name and telephone number of three business/work references that are not related to you. If not applicable, list three school or personal references that are not related to you).

NAME	ADDRESS	EMAIL	PHONE	YEARS KNOWN

**ADDITIONAL INFORMATION** (List additional information you would like for us to consider for purposes of employment).

**WORK HISTORY**

(List your employment history beginning with your present or most recent employer. Include all positions held).

Employer Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

No. & Street City State Zip

Dates of Employment: From (Mo/Yr) \_\_\_\_\_ To (Mo/Yr) \_\_\_\_\_ Salary (Start) \_\_\_\_\_ (Ending) \_\_\_\_\_

Manager/Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Duties:

Reason for leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

No. & Street City State Zip

Dates of Employment: From (Mo/Yr) \_\_\_\_\_ To (Mo/Yr) \_\_\_\_\_ Salary (Start) \_\_\_\_\_ (Ending) \_\_\_\_\_

Manager/Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Duties:

Reason for leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

No. & Street City State Zip

Dates of Employment: From (Mo/Yr) \_\_\_\_\_ To (Mo/Yr) \_\_\_\_\_ Salary (Start) \_\_\_\_\_ (Ending) \_\_\_\_\_

Manager/Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Duties:

Reason for leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

No. & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates of Employment: From (Mo/Yr) \_\_\_\_\_ To (Mo/Yr) \_\_\_\_\_ Salary (Start) \_\_\_\_\_ (Ending) \_\_\_\_\_

Manager/Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Duties:

Reason for leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

No. & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates of Employment: From (Mo/Yr) \_\_\_\_\_ To (Mo/Yr) \_\_\_\_\_ Salary (Start) \_\_\_\_\_ (Ending) \_\_\_\_\_

Manager/Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Duties:

Reason for leaving: \_\_\_\_\_

Describe any gaps of employment:

May we contact your employer(s)?    yes    no    If no, which employers may we not contact? \_\_\_\_\_

\_\_\_\_\_.

PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH

APPLICANT'S CERTIFICATION AND AGREEMENT

\_\_\_\_\_ I understand that nothing contained in this application or conveyed to me during any interview that may be granted is intended to create an employment contract, implied or explicit, between me and FirstPoint, Inc. In addition, I understand and agree that if employed, my employment relationship with FirstPoint, Inc. is strictly voluntary and at our mutual will. I understand that if employed, my employment is for no definite period and may be terminated at any time, with or without prior notices, with or without cause or reason at the option of either myself or FirstPoint, Inc. and that no promises or representations contrary to the forgoing are binding unless made in writing and signed jointly by the CEO and myself.

\_\_\_\_\_ I understand and agree that any future changes in my title, duties, compensation, working conditions and/or company benefits, policies and procedures will not alter our at-will agreements.

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the facts set forth in the above employment application are true and complete to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement on this application or on any documents used to secure employment shall be grounds for rejection of this application or if employed, sufficient cause for dismissal, regardless of the time lapsed before discovery.

My signature below certifies that I have read and understand these agreements. I agree to the terms and conditions outlined in this document.

Signature of Applicant: \_\_\_\_\_ Signature Date: \_\_\_\_\_

**WE WILL KEEP THIS APPLICATION FOR EMPLOYMENT ON FILE FOR 30 DAYS. CONSIDERATION FOR EMPLOYMENT AFTER 30 DAYS REQUIRES SUBMITTING A NEW APPLICATION.**

<b>Status:</b> Active	<b>Origination:</b> 5/31/2016	<b>Effective:</b> 5/31/2016
<b>Last Approved:</b> 1/2024	<b>Approved By:</b> Anthony Robertson	<b>Last Revised:</b> 1/2023
<b>Applicability:</b> Company-wide	<b>Owner:</b> Ivi Williams	<b>Due for Review:</b> 1/1/2025