5132 Departure Dr. Raleigh, NC 27616

EMPLOYMENT APPLICATION

PLEASE READ CAREFULLY: All requested information must be furnished. The information you give will be used to determine your qualifications for employment. It is IMPORTANT that you answer all questions on your application fully and accurately.

If an item does not apply to you, or if there is no information to be given, please write in the letters N.A for Not Applicable.

This record will be strictly confidential and the exclusive property of KAD Construction, Inc.

KAD Construction, Inc. complies with the Immigration Reform and Control Act of 1986. All employees must provide documentation to verify identify and employment eligibility within the first three days of employment with KAD Construction, Inc.

KAD Construction, Inc. is an equal opportunity employer and does not discriminate on the basis of race, sex, color, creed, age, disability, sexual orientation, or national origin.

As an employee, you will be employed at-will and are completely free to leave the company anytime you choose, for any reason. The company has the same right to end the employment relationship anytime, for any reason.

This application is valid for 30 days. If you wish to be considered for employment after this 30 day period a new application must be completed.

APPLICATION FOR EMPLOYMENT

Ρ	LAST NAME	FIRST	MIDDLE	DATE
Е	STREETS ADDRESS	TELEPHONE NUMBER ()		
R	CITY, STATE, ZIP			
S	HAVE YOU EVER APPLIED FOR E	SOCIAL SECURITY NO.		
0	POSITION DESIRED	YRS. OF EXPERIENCE	DATE YOU CAN START	PAY EXPECTED
	PART FROM ABSENCE FOR RELI WORK? YES NO IF NOT, W	WILL YOU WORK OVERTIME IF ASKED?		
L	HAVE YOU EVER BEEN CONVICT YES NO IF SO, PLEASE EXPLAIN (NOTE: FROM EMPLOYMENT; HOWEVER CONSIDERED.)	ARE YOU 18 YRS. OLD OR OLDER? YES NO		

Е		NAME AND LOCATION OF SCHOOL	YRS COMPLETED	DID YOU G	RADUATE?
D U	HIGH SCHOOL			YES	NO
A	BUSINESS/TRADE /TECHNICAL			YES	NO
I O N	COLLEGE			YES	NO

MILITARY	DID YOU SERVE IN THE U	J.S. ARMED FORCES?	YES	NO	IF Ayes@ IN WHAT BRANCH?
DESCRIBE ANY TRAINING RECEIVED RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING.					

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EMPLOYMENT	PLEASE GIVE ACCURATE COMPLETE FULL-TIME AN YOUR PRESENT OR MOST RECENT EMPLOYER	PLEASE GIVE ACCURATE COMPLETE FULL-TIME AND PART-TIME EMPLOYMENT RECORD. START WITH YOUR PRESENT OR MOST RECENT EMPLOYER					
	COMPANY NAME	TELEPHONE EMPLOYED (MONTH AND YEAR) FROM TO					
	ADDRESS						
	NAME OF SUPERVISOR	WEEKLY PAY? START LAST					
	STATE JOB TITLE AND DESCRIBE YOUR WORK	REASON FOR LEAVING?					
	COMPANY NAME	TELEPHONE					
	ADDRESS	EMPLOYED (MONTH AND YEAR) FROM TO					
	NAME OF SUPERVISOR	WEEKLY PAY? START LAST					
	STATE JOB TITLE AND DESCRIBE YOUR WORK	REASON FOR LEAVING?					
	COMPANY NAME	TELEPHONE					
	ADDRESS	EMPLOYED (MONTH AND YEAR) FROM TO					
	NAME OF SUPERVISOR	WEEKLY PAY? START LAST					
	STATE JOB TITLE AND DESCRIBE YOUR WORK	REASON FOR LEAVING?					
DO NOT CONTACT	WE MAY CONTACT THE EMPLOYERS LISTED ABOVE UNLESS YOU INDICATE THOSE YOU DO NOT WAN US TO CONTACT						
EMPLOYER:							

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CERTIFICATION

I certify that the information in this APPLICATION is true and understand that misrepresentations or false or omitted facts may result in my termination, regardless of the time of discovery by the company. I also understand that, if hired, my EMPLOYMENT is for no definite period and may be terminated at any time without written notice and that, without a written contract signed by the President of the company; I will remain an at-will employee and can be terminated at any time without any notice. As to termination of EMPLOYMENT, this is the only agreement and this is a complete agreement.

I authorize investigation of the statements contained herein and the references listed above to give you any and all information concerning my previous EMPLOYMENT and any pertinent information such references may have, personal or otherwise and release all parties from all liability for any damage that may result from furnishing same to you.

I understand that if the company decides to engage an investigative consumer reporting agency to report on my credit and personal history, the company will provide me, at my request, with the name and address of the agency so that I can obtain from them the nature and substance of the information contained in the report.

Date		Signature	
		DO NOT WRITE BELOW THIS LINE	
Interviewed by: _		Date:	
Hire: Yes	NO	_ Date To Report:	
Position:		Rate:	
Comments:			