

APPLICATION FOR EMPLOYMENT

THIS EMPLOYER PARTICIPATES IN E-VERIFY

Applicants will receive consideration without regard to race, color, religion, sex, age, national origin, disability, marital status, or veteran status, or any other factor prohibited by law.

NAME: _____ DATE: _____

ADDRESS: _____ CITY: _____ COUNTY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ OTHER PHONE: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

ARE YOU UNDER 18 YEARS OF AGE? No ___ Yes ___ CAN YOU PRODUCE PROOF OF YOUR RIGHT TO WORK IN THE UNITED STATES? No ___ Yes ___

EDUCATIONAL HISTORY	NAME OF SCHOOL	LOCATION	NO. YEARS ATTENDED	DID YOU GRADUATE	GRADE AVG.
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High School (9 – 12 or GED)	_____	_____	_____	_____	_____
College	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
Special Training	_____	_____	_____	_____	_____

Have you worked here before? No ___ Yes ___ If yes, provide dates of employment _____

Have you ever been known by any other name(s) which this Employer will need to verify any of the information in this application? No ___ Yes ___

If yes, give Name(s) _____

Have you previously made application for work here? No ___ Yes ___ If yes, when _____

Do you have transportation available to you during the hours of work that you applied for? No ___ Yes ___

How else may we contact you? _____

PERSON TO BE NOTIFIED IN CASE OF AN ACCIDENT OR EMERGENCY: _____
(Name) (Phone)

SSN

First Name

Last Name

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COMPLETE EMPLOYMENT HISTORY (START WITH YOUR MOST RECENT JOB)

Company or Business name: _____ Address: _____
 Contact Person: _____ Phone: _____

Date of employment: From _____ To _____ Type of Work: _____ Income: \$ _____

Reason for leaving: _____

May we contact for a reference? Yes _____ No _____

Company or Business name: _____ Address: _____
 Contact Person: _____ Phone: _____

Date of employment: From _____ To _____ Type of Work: _____ Income: \$ _____

Reason for leaving: _____

May we contact for a reference? Yes _____ No _____

Company or Business name: _____ Address: _____
 Contact Person: _____ Phone: _____

Date of employment: From _____ To _____ Type of Work: _____ Income: \$ _____

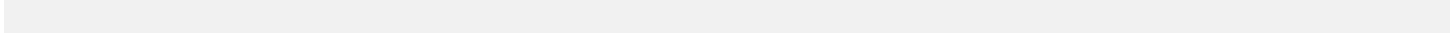
Reason for leaving: _____

May we contact for a reference? Yes _____ No _____

Please attach additional Employment History to the end of this Application.

Explain Any Periods Of Unemployment: _____

Are you subject to an employment agreement or post-employment agreement with any other employer (including but not limited to, employment contracts, non-compete agreements and/or confidentiality agreements)? If so, please explain and attach a complete and accurate copy of each agreement: _____



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CERTIFICATIONS

PLEASE READ CAREFULLY. CHECK EACH PARAGRAPH AND SIGN BELOW. IF THERE IS ANY PART OF THIS PAGE YOU DO NOT UNDERSTAND, PLEASE CONTACT THE OFFICE ADMINISTRATOR FOR ASSISTANCE BEFORE SIGNING.

- I UNDERSTAND THAT EMPLOYER IS AN AT-WILL EMPLOYER. IF I AM EMPLOYED BY THE EMPLOYER, EITHER THE EMPLOYER OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT PRIOR NOTICE.** ANY SUCH EMPLOYMENT IS NOT BINDING ON EITHER PARTY FOR ANY SPECIFIC PERIOD OF TIME. I FURTHER UNDERSTAND THAT NO REPRESENTATIVE OF THE EMPLOYER HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME. ANY SUCH AGREEMENT MUST BE IN WRITING AND SIGNED BY AN AUTHORIZED REPRESENTATIVE OF THE EMPLOYER. I UNDERSTAND THAT ANY OTHER WRITTEN OR ORAL STATEMENT TO THE CONTRARY, EVEN IF MADE BY A SUPERVISOR, MANAGER OR OFFICER OF THE EMPLOYER IS INVALID AND SHOULD NOT BE RELIED ON BY ME.
- I understand and agree with the employer's policy of equal employment opportunity without regard to age, race, color, religion, handicap, disability, marital status, sex, national origin, status as a disabled veteran or veteran of the Vietnam era, membership in the National Guard, state defense force or any other reserve component of the military forces of the United States or South Carolina.
- I understand that my employment in any non-clerical position requires repetitive motion tasks daily and requires the ability to lift 50 pounds. I further certify that I am able to meet these requirements.
- I understand that my employment with Employer may be contingent upon satisfactory completion of a medical examination, which may include a drug screen and an investigation of my work record and references. I consent to a post-offer, pre-employment medical examination and such future examinations as may be required by Employer, which may include drug screens as required.
- I understand that a condition of my hiring may be my agreement to participate in a direct deposit program. If hired, I agree to payment of my compensation via direct deposit.
- I understand that Employer must comply with the Immigration Reform and Control Act of 1986 (IRCA). This act states that it is illegal for an employer to knowingly hire aliens unauthorized for employment and that I must present documents establishing my identity and employment eligibility as a condition of employment. I understand that, as a condition of any offer of employment, I am required by federal law to produce documentary evidence of identity and authorization to work in the United States, and to certify that I am authorized to work in the United States. I understand that if I am under eighteen (18) years of age, I may be required to obtain a valid work permit.
- I certify that the facts set forth in this application are true, correct and complete without misrepresentations or omissions of any kind whatsoever. I authorize investigation of the statements I have made herein. I understand that if any of the information on this application form is discovered to be incorrect, false or misleading or if there are any misrepresentations or omissions of any kind whatsoever, then Employer may deny me employment or terminate my employment, and I agree that Employer may not be liable in any respect if it does so.

Signature _____

Date _____

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AUTHORIZATION FOR REFERENCE CHECK

I am applying for employment with **JAM CONSULTING, LLC AND/OR COASTAL CAROLINA WOOD PRODUCTS, LLC** I hereby authorize any and all persons (including any and all employers with whom I have been employed, schools that I have attended and organizations with which I have been connected) to release any and all information they have about me to **JAM CONSULTING, LLC AND/OR COASTAL CAROLINA WOOD PRODUCTS, LLC**. This includes all of my personnel records with prior employers and any information about my performance during my employment with them and also includes all of my transcripts from any schools that I have attended. I hereby release **JAM CONSULTING, LLC AND/OR COASTAL CAROLINA WOOD PRODUCTS, LLC** and its agents and all persons, companies, schools and organizations (and all persons connected with them) who provide such information to **JAM CONSULTING, LLC AND/OR COASTAL CAROLINA WOOD PRODUCTS, LLC** from any and all liability for any damage for giving this information.

This Authorization shall remain in effect for a period of one (1) year from the date on which I sign it. A photocopy of this Authorization may be used by **JAM CONSULTING, LLC AND/OR COASTAL CAROLINA WOOD PRODUCTS, LLC** and shall be as effective as the original.

Applicant's Name [please print]

Applicant's Signature

Date

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READ, UNDERSTAND, SIGN AND DATE IF YOU AGREE

This is to inform you, that as part of our procedure for evaluating applicants for employment, a criminal background check may be obtained through the South Carolina Law Enforcement Division (SLED).

Information from the SLED report will not be used in violation of any federal or state equal employment opportunity law or regulation.

This Authorization shall remain in effect for a period of one (1) year from the date of your signature below. A photocopy of this Authorization may be used by **JAM CONSULTING, LLC AND/OR COASTAL CAROLINA WOOD PRODUCTS, LLC** and shall be as effective as the original.

I acknowledge that I have received a copy of the above notice, and that I authorize a copy of my SLED report to be released to JAM CONSULTING, LLC AND/OR COASTAL CAROLINA WOOD PRODUCTS, LLC, both now and during the course of my employment.

Applicant's Name [please print]

Applicant's Signature

Date

