

# JOB APPLICATION



150 Mount Gallant Road; Rock Hill, South Carolina 29732  
803-384-3878

CABTEQ Solutions is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

***Please legibly fill out all the sections below:***

## **Applicant Information**

Applicant Name: \_\_\_\_\_  
Date of Application: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State and Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

## **Employment Position**

Position(s) applying for: \_\_\_\_\_ Salary desired: \_\_\_\_\_  
How did you hear about this position? \_\_\_\_\_  
If needed, are you available to work overtime? \_\_\_\_\_  
If hired, on what date can you start working? \_\_\_\_\_  
Do you have reliable transportation to and from work? \_\_\_\_\_

## **Personal Information**

Have you ever applied to or worked for CABTEQ? **Yes** **No** -- If yes, when? \_\_\_\_\_  
Do you have any friends, relatives or acquaintances working for CABTEQ? **Yes** **No**  
If yes, state name and relationship: \_\_\_\_\_  
Are you 18 years of age or older? **Yes** **No**  
Are you a U.S. citizen or approved to work in the U.S.? **Yes** **No**  
What document(s) can you provide as proof of citizenship or legal status? \_\_\_\_\_  
\_\_\_\_\_  
Will you consent to a mandatory controlled substance test? **Yes** **No**  
Do you have any condition which would require job accommodations? **Yes** **No**  
If yes, please describe accommodations required below.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## Personal Information (continued)

Have you ever been convicted of a criminal offense (felony or misdemeanor)? **Yes** **No**  
If yes, please state the nature of the crime(s), when and where convicted and deposition of the case:

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*(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)*

## Job Skills/Qualifications

Please list below the skills, certifications and qualifications you possess for the position for which you are applying: \_\_\_\_\_

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*(Note: CABTEQ Solutions complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)*

## Education and Training

High School

Name	Location (City, State)	Year Graduated	Degree Earned

College/University

Name	Location (City, State)	Year Graduated	Degree Earned

Vocational School/Specialized Training

Name	Location (City, State)	Year Graduated	Degree Earned

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## Military

Are you a member of the Armed Services? **Yes**    **No**

What branch of the military did you enlist? \_\_\_\_\_

What was your military rank when discharged? \_\_\_\_\_

How many years did you serve in the military? \_\_\_\_\_

What military skills do you possess that would be an asset for this position? \_\_\_\_\_

## Previous Employment

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

Job Title: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

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

City, State and Zip Code: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

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

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

Job Title: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

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

City, State and Zip Code: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

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

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

Job Title: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

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

City, State and Zip Code: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

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

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## References

Please provide one personal and two professional reference(s) below:

Name	Contact Information	Relationship

## AT-WILL EMPLOYMENT

The relationship between you and the CABTEQ Solutions is referred to as "employment at will". This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the CABTEQ Solutions. No representative of CABTEQ Solutions has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. By signing below, I understand that my employment is "at will," and that I acknowledge that no oral or written statements or representations regarding my employment can alter my at will employment status, except for a written statement signed by myself and either CABTEQ's Executive Vice- President/Chief Operations Officer or CABTEQ's President.

**Applicant Signature:** \_\_\_\_\_ **Dated:** \_\_\_\_\_

By my signature below, I hereby certify that all the information I provided on and in connection with this application is true, accurate and complete. I also understand that any false statements or deliberate omissions on this document may be grounds for disqualification from employment or, if discovered after employment begins, could result in discipline up to and including termination of employment.

**Applicant Signature:** \_\_\_\_\_ **Dated:** \_\_\_\_\_