

# APPLICATION FOR EMPLOYMENT

Cyrco, Inc is an equal opportunity employer. All applicants are considered for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical or mental disability, medical condition, military or veteran status, genetic information, marital status, ethnicity, citizenship or immigration status or any other protected classification, in accordance with applicable federal, state, and local laws.

CYRSCO IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY MAY TERMINATE THE EMPLOYMENT AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.

**Important Instructions for Completing this Application:** To submit this application, please:

- 1) Mail to: Cyrco, inc., Attn: Human Resources Manager, 120 North Chimney Rock Road, Greensboro, NC 27409
- or 2) Fax to: 336-668-2610 or 3) Email to: careers [at] cyrco.com

*Cyrco will not accept or review an incomplete Application. All information and question sections must be completed. If any item is not applicable, use N/A (for Not Applicable) to complete the item.*

<b>Position(s) Applied for</b>		<b>Date of Application</b>	
<b>Print Name (Last, First, &amp; Middle)</b>			
<b>Street Address</b>		<b>City</b>	<b>State</b>
<b>Main Phone Number</b>	<b>Alternate Phone Number</b>	<b>Email</b>	

**GENERAL INFORMATION**

1. Have you been convicted of a felony?.....  Yes  No  
If YES, Explain: \_\_\_\_\_
2. Have you ever used another name?.....  Yes  No
3. Is any additional information relative to name changes, use of an assumed name, or nickname necessary to enable a check on your work and educational record?.....  Yes  No  
If yes to either of the above, provide the additional information:  
\_\_\_\_\_
4. Have you previously applied for employment for employment with Cyrco, Inc.?.....  Yes  No  
If yes, when, and where did you apply? \_\_\_\_\_
5. Have you ever worked for this company before?.....  Yes  No  
If yes, give dates and position: \_\_\_\_\_
6. On what date are you available to begin work? \_\_\_\_\_
7. Are you available to work?  Full-time  Part-time  Shift Work  Temporary
8. Days and hours you are available to work:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

- 9. If hired, would you have a reliable means of transportation to and from work?.....  Yes  No
- 10. Can you travel if the position requires it?.....  Yes  No
- 11. Do you have a valid Driver's License or Government Issued ID?.....  Yes  No
- 12. Do you have a bank account?.....  Yes  No
- 13. Are you willing to work overtime, weekends, and/or holidays?.....  Yes  No
- 14. Are you at least 18 years old? .....  Yes  No

Note: If under 18, hire is subject to verification that you are of minimum legal age.

- 15. Are you a U.S. Citizen or legally eligible to work in the U.S.?.....  Yes  No

Note: If hired, you will be required to provide documentation that you are eligible to work in the U.S.

Cyrco, Inc is an E-Verify employer.

- 16. Are you able to perform the essential job functions of the job for which you are applying with or without reasonable accommodation?.....  Yes  No

Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for qualified applicants/employees to perform essential job functions.

**EMPLOYMENT EXPERIENCE**

List the names of your present or previous employers in chronological order with present or most recent employer listed first. Be sure to account for all periods of time. If self-employed, give firm name and supply business references. Add additional page if necessary.

Name of Employer		Supervisor	May we contact?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address			
Phone Number		Dates Employed (Month/Year)	
		From	To
Job Title and Duties		Reason for Leaving	

Name of Employer		Supervisor	May we contact?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address			
Phone Number		Dates Employed (Month/Year)	
		From	To

Job Title and Duties	Reason for Leaving

Name of Employer	Supervisor	May we contact?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Street Address

Phone Number	Dates Employed (Month/Year)	
	From	To

Job Title and Duties	Reason for Leaving

Have you ever been involuntarily terminated or asked to resign from any job?.....  Yes  No

If yes, explain:

Explain any gaps in your employment history:

List any other experience, job related skills, additional languages, or other qualifications that you believe should be considered in evaluating your qualifications for employment.

**EDUCATION**

Describe your educational background in the table provided below.

	School Name	Years Completed	Diploma/ Degree (Yes/No)	Area of Study/Major	Specialized Training, Skills, or Extra- Curricular Activities
High School					
College/ University					

<b>Graduate/ Professional School</b>					
<b>Trade School</b>					
<b>Other</b>					

**BUSINESS AND PROFESSIONAL REFERENCES**

List three professional references of individuals who are **not** related to you:

<b>Name and Title</b>	<b>Relationship</b>	<b>Phone Number or Email</b>

**PERSONAL REFERENCES**

List three people who know you well:

<b>Name and Title</b>	<b>Relationship and Years Acquainted</b>	<b>Phone Number or Email</b>

**APPLICANT STATEMENT AND AGREEMENT**

Read and initial each paragraph below. If there is anything that you do not understand, please ask.

\_\_\_\_\_ I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

\_\_\_\_\_ I understand, If I am employed by the Company that I am required to comply with all rules and regulations of the Company.

\_\_\_\_\_ I understand that Cyrco, Inc. is a drug-free workplace and has a drug and/or alcohol testing program consistent with applicable federal, state, and local laws. If am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local laws. I also understand that all employees of the location, pursuant to the Company's policy and federal, state, and local law, may be subject to urinalysis an/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal, or controlled drugs.

\_\_\_\_\_ I understand that safety of employees is extremely important to the Company and that the Company is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and following the directions of my site

supervisor. I understand and agree to comply with federal, state, and local regulations related to on-the-job safety and health.

\_\_\_\_\_ I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement.

\_\_\_\_\_ I hereby certify that the answers given by me are true and correct 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 of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.**

**MY SIGNATURE INDICATES THAT I HAVE READ, UNDERSTAND, AND AGREED TO ALL OF THE ABOVE TERMS.**

Signature: \_\_\_\_\_

Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

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