



289 Silkwood Drive
Canton, NC 28716

Employment Application

APPLICANT INFORMATION										
Last Name				First				M.I.	Date	
Street Address							Apartment /Unit #			
City				State		ZIP		Phone		
Mailing Address						State		ZIP		
Email					Social Security Number					
Date Available				Position Applied For						
How did you hear about us?							Desired Salary	\$		
Are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Can you work overtime, including weekends?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?							
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain							
EDUCATION										
High School										
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree							
College										
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree							
Other										
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree							
REFERENCES										
<i>Please list three professional references.</i>										
Full Name						Relationship				
Company						Phone				
Address						Years Acquainted				
Full Name						Relationship				
Company						Phone				
Address						Years Acquainted				
Full Name						Relationship				
Company						Phone				
Address						Years Acquainted				



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PREVIOUS EMPLOYMENT

Company		Phone
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company		Phone
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company		Phone
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

MILITARY SERVICE

Branch	From	To
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SKILLS AND QUALIFICATIONS



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Disclaimer and Signature

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days. After this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is the company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I REPRESENT AND WARRANT THAT I HAVE READ AND FULLY UNDERSTAND THE FOREGOING AND SEEK EMPLOYMENT UNDER THESE CONDITIONS.

Signature



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Equal Employment Opportunity Policy

NEO Corporation was built upon teamwork and equal opportunity. We will continue to be successful when people are treated fairly and allowed to advance and achieve their full potential. We are proud of the fact that we extend equal employment opportunities to all qualified employees and applicants for employment without regard to race, color, religion, sex, national origin, or disability, which if needing accommodation, may be reasonably accommodated as required by law.

We work hard at NEO Corporation to promote the fulfillment of human potential and equal employment. We will take action to ensure that all qualified minority group individuals, women, disabled persons, and disabled or Vietnam Era veterans are given the opportunity to know of openings, are encouraged to seek promotions, are considered for promotion opportunities, and when qualified, are hired or promoted.

All phases of employment including but not limited to, recruiting, hiring, selection for training, promotion, demotion, discipline, rates of pay or other compensation, transfer, layoff, termination, recall, use of facilities, and participation in all company sponsored activities, will be administered to further the principle of equal employment opportunity.



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**CONSENT FOR BLOOD TESTS & URINALYSES
AND
AUTHORIZATION FOR THE RELEASE OF TEST RESULTS**

By my signature, I give consent to undergo blood tests and/or urinalyses as a prerequisite for my employment with NEO Corporation. As a condition of my continued employment, I also agree to undergo blood tests and/or urinalyses at such time as the company requires. I release and discharge NEO Corporation and any laboratory which performs these tests and analyses from any claim or liability arising out of such tests, including without limitation the testing procedures, the analyses or the disclosures of the results. I further agree that at the time of such examination that I will execute all forms of consent and release liability as are usually and reasonably attendant to these examinations. I also agree that the results of any blood tests and/or urinalyses shall be made available to the company, its employees, or agents.

I realize that it is important to disclose my usage of any drugs, whether they are prescribed or otherwise. In the case of prescribed medications taken under the direction of a physician, the company may contact the physician to determine whether the use of the medication will interfere with my job performance.

A photocopy of this authorization shall be valid as the original.

THE UNDERSIGNED FURTHER STATES THAT HE OR SHE HAD READ THIS CONSENT FORM AND UNDERSTANDS THE CONTENTS AND SIGNS IT AT HIS OR HER OWN FREE WILL.

Signature_____

Printed Name_____

Social Security Number_____

Date_____

NEO Witness Signature_____

Date_____



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DRIVING RECORD AUTHORIZATION FORM FOR EMPLOYEES

NEO Corporation is committed to providing a safe work environment for all employees and contractors. When workers practice unsafe driving habits, they become a safety hazard to themselves and others in the workplace.

As a condition for my being considered for, or continuing employment, I understand and agree to have my driving record information examined. I understand that my driving record information may be obtained and re-checked as needed.

I hereby authorize any insurance agent or representative retained by NEO Corporation for driving history/driving record verification, to provide the results to NEO Corporation and I release NEO Corporation and any person affiliated with NEO Corporation and any such person conducting the screening from liability therefore.

Printed Name _____

Signature _____

Date _____



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DRIVER'S LICENSE FORM

I, _____ do not possess a valid driver's license at this time. I fully understand that I will at no time drive any company vehicles until such time that I do possess a valid driver's license and not before showing proof of same to the company. I will also advise any personnel of the company of my status if asked to drive any company vehicles. Failure to do so will result in possible suspension and/or termination of employment.

OR

I, _____ do possess a valid driver's license at this time.

I fully understand that I will carry this identification with me at all times while employed with the company. If my driver's license is ever suspended or revoked, I will contact the company at once and will not drive any company vehicles until such proof of driving status has been given to operations. I will also advise any personnel of the company of my status if asked to drive any company vehicles\). Failure to do so will result in possible suspension and/or termination of employment.

Driver's License Number _____

State of License _____

Expiration Date _____

Printed Name _____

Signature _____

Date _____



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THREE MONTH PROBATIONARY FORM

All our employees serve a three-month probationary period at the beginning of their employment. An employee on probation can be terminated at any time during the period. After successful completion of the probationary period, you will be evaluated for consideration as a full-time employee

All our employees are subject to the rules and regulations contained in our basic company policy handbook, which will be given to you today.

Signature_____

Date_____



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ACKNOWLEDGMENT

I hereby represent and acknowledge that I am interested in being employed by NEO Corporation ("NEO");

I hereby represent and acknowledge that I desire to enter into discussions about potential employment with NEO and that I do so of my own free will and volition;

I hereby represent and warrant that I am not presently a party to or otherwise subject to any non-compete contract, or other covenant or agreement that prevents or otherwise inhibits me from becoming employed by NEO;

I hereby represent and warrant that I am not presently a party to or otherwise subject to any non-compete contract, or other covenant or agreement that prevents or otherwise inhibits me from communicating with NEO about potential employment; and

I hereby represent and warrant that I have no obligations to any third-party which will in any way limit or restrict my ability to perform services for NEO in the event I become employed by NEO.

I execute this agreement voluntarily without input or influence from NEO.

This the ____ day of _____, 2021.

Signature _____

Printed Name _____