



Dear Applicant:

Carolina Filters, Inc. is an EEO and AAP employer.

We welcome your interest in job opportunities with Carolina Filters, Inc., and would like to give you some direction for completing the attached job application.

**Please indicate the title of the position you are applying for. Applications for “Any” position or those stating generic titles will be considered incomplete. Applicants with incomplete applications will not be considered for employment.**

Please note that each question in all sections of your application must be completed in order for you to be considered for employment.

If you do not understand a question, please ask our Human Resources Department to explain it to you. Do not leave a section blank. If a question does not apply, please write “N/A” in the appropriate blank.

Please review your application after you have finished writing, to make sure that all lines are completed.

**Applications will remain “active” for 60 days.** Consideration for employment after 60 days will require an updated application.

Thank you for your interest in working for Carolina Filters, Inc.

Sincerely,

Gail Lemmon  
Human Resources Manager

# CAROLINA FILTERS INC

## APPLICATION FOR EMPLOYMENT

ALL SECTIONS MUST BE COMPLETED, INCLUDING SIGNATURE ON THE REVERSE SIDE, FOR YOU TO BE CONSIDERED.

We appreciate your interest in our Company. Carolina Filters is an equal opportunity employer and we consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, marital or veteran status, disability or any other legally protected status. We assure you that your opportunity for employment with us depends solely on your qualifications.

(PLEASE PRINT)

Position Applied for				Date of Application	
Last Name		First Name		Middle Name	
Present Address		Street	City	State	Zip Code
Permanent Address		Street	City	State	Zip Code
Telephone Number(s)			Social Security Number		
Available Employment Date		Rate of Pay Desired			

Do you have the legal right to work in the U.S?

☐ Yes ☐ No

Have you ever worked for Carolina Filters?

☐ Yes ☐ No

If yes, give date \_\_\_\_\_

Do you have any relatives employed by Carolina Filters?

☐ Yes ☐ No

If Yes, name and relationship \_\_\_\_\_

Are you currently employed?

☐ Yes ☐ No

May we contact your present employer?

☐ Yes ☐ No

Have you ever been known by another name?

☐ Yes ☐ No

If Yes, List other name (s) \_\_\_\_\_

Are you available to work: ☐ Full Time ☐ Part Time ☐ Shift Work ☐ Temporary

Are you currently on "lay-off" status and subject to recall?

☐ Yes ☐ No

Can you travel if a job requires it?

☐ Yes ☐ No

Do you have any "sideline" business interest?

☐ Yes ☐ No

If yes, please explain \_\_\_\_\_

**This application will remain active for 60 days.**

**\*WE ARE AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER\***

## Education

	Name and Address	Major Subject	Years Completed	Did you graduate? (Last year attended)
High School Attended				
Trade or Tech Attended				
College/ University				
Armed Forces				
Other (Specify)				

Indicate any foreign languages you speak, read, and/or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training.

## Additional Information

### Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.


Have you ever been convicted of or plead guilty, ("no contest) to a crime that has not been annulled, expunged, or sealed by a court? \_\_\_\_ Yes \_\_\_\_ No If "yes" explain: number of conviction (s), nature of offense(s), type of rehabilitation, times served, etc.



## Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

1.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title			
	Reason for Leaving			
2.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title			
	Reason for Leaving			
3.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title			
	Reason for Leaving			
4.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title			
	Reason for Leaving			

If you need additional space, please use separate work history sheet of paper.

List professional, trade, business, or civic activities and offices held.

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## Employment Experience continued

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

1.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title			
	Reason for Leaving			
2.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title			
	Reason for Leaving			
3.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title			
	Reason for Leaving			
4.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title			
	Reason for Leaving			

## References:

List three (3) persons who have known you for at least three years. Do not list relatives or former employers.

( )	( )
Name	Phone #
Address	Occupation
( )	
Name	Phone #
Address	Occupation
( )	
Name	Phone #
Address	Occupation

## Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge. In connection with my application for employment (including contract for services) with you, I understand that investigative inquiries/consumer reports which may contain public record information may be obtained on myself including consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various Federal, State and other agencies that maintain records concerning my past activities relating to my driving, credit, criminal and other experiences.

I authorize, without reservation, any party or agency contacted by Carolina Filters Inc., to furnish the above-mentioned information. Investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this period should inquire as to whether or not applications are being accepted at that time.

**I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT, IF HIRED, MY EMPLOYMENT RELATIONSHIP WITH THIS ORGANIZATION WOULD BE OF AN "AT WILL" NATURE, WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE EMPLOYEE AT ANY TIME AND FOR ANY OR NO REASON. IT IS FURTHER UNDERSTOOD THAT THE "AT WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT OR BY CONDUCT UNLESS AN AUTHORIZED EXECUTIVE OF THIS ORGANIZATION SPECIFICALLY ADKNOWLEDGES SUCH CHANGE IN WRITING.**

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

### SECTION BELOW TO BE COMPLETED BY COMPANY REPRESENTATIVE

Interviewed: ( ) yes ( ) no      Date: \_\_\_\_\_      Reviewed/Interviewed by: \_\_\_\_\_

Disposition: \_\_\_\_\_

Div. Employed by: \_\_\_\_\_ Dept.: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Job Title: \_\_\_\_\_ Salary: \_\_\_\_\_

Pay Status: ( ) Exempt ( ) Nonexempt      Shift: ( ) 1<sup>st</sup> ( ) 2<sup>nd</sup> ( ) 3<sup>rd</sup> ( ) other: \_\_\_\_\_

**STATE OF SOUTH CAROLINA WORKERS' COMPENSATION RELEASE**

I, \_\_\_\_\_, hereby release The South Carolina Workers' Compensation Commission to provide information in your Workers' Compensation Records concerning me to any party or agency contacted by Carolina Filters, Inc.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Employee/Applicant Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

## Affirmative Action Voluntary Information

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status. Be assured that your willingness or refusal to provide such information will, in no way, result in adverse treatment.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

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Position applied for: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Referral Source (Please check one.)

☐ Walk-in                      ☐ Employee Referral                      ☐ Advertisement  
☐ Private Employment Agency                      ☐ School  
☐ State/Government Employment Agency                      ☐ Other

Name of person who referred you \_\_\_\_\_

### Applicant Information

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
                    Last                      First                      Middle

Address \_\_\_\_\_  
                    Street                      City                      State                      Zip Code

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_      Male \_\_\_\_      Female \_\_\_\_

### Race (Please check one)

☐ Caucasian (white)                      ☐ Black                      ☐ Hispanic/Latino  
☐ Asian/Pacific Islander                      ☐ American Indian/Alaskan Native  
☐ White (not of Hispanic/Latino origin)                      ☐ Black (not of Hispanic/Latino origin)

☐ DISABLED VETERAN                      ☐ VIETNAM ERA VETERAN                      ☐ VETERAN



## DISCLOSURE AND AUTHORIZATION

I understand that when considering applicants for employment and/or employees for promotion or assignment to certain positions, it is the policy of Carolina Filters to request a consumer reporting agency to prepare reports that may be used in whole or in part for the purpose of serving as a factor in establishing eligibility for employment and/or for other employment purposes. I also understand that these reports may include information bearing on my creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

Therefore, in accordance with the Fair Credit Reporting Act, I authorize the Company and its agents to obtain and examine information about me to determine my suitability for employment. Records and information may include, but are not limited to, credit reports, criminal history, driving records, education transcripts, military records, and drug or alcohol analyses.

For this purpose, my authorization also serves to release any and all information under the control of my former employers (including self-employment records), business and credit references, educational institutions, law enforcement agencies, government agencies (including U.S. military organizations), and drug testing laboratories.

I understand that one or more consumer reporting agencies may act as an agent for Carolina Filters, and I hereby release all parties from any liabilities connected with obtaining this information. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

Print Name: \_\_\_\_\_

Soc. Sec. #: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State of Issue: \_\_\_\_\_

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

Date: \_\_\_\_\_

Prospective Employer: CAROLINA FILTERS, INC.

## **DRUG AND ALCOHOL ABUSE POLICY AND CONSENT AGREEMENT**

I agree to abide by Carolina Filters, Inc. drug and alcohol abuse policy. I understand that when I sign the consent form, I can be subjected to drug testing procedures including but not limited to blood testing, urine testing, or breath analyzing for drugs and alcohol.

I understand and agree that, as a condition of employment, I may be required to take a urinalysis or other drug testing procedure as may be deemed necessary by the Company.

I further understand that if I am an applicant and initially hired by Carolina Filters, Inc. any such hiring will be on a conditional basis only and such conditional employment will be terminated if any drug testing shows evidence of illegal drug use.

By my signature below, I agree to submit to these tests and further agree that the testing agency/laboratory is authorized by me to provide the results of the test to Carolina Filters, Inc. or any subsidiary. Any refusal on my part to sign any part or parts of the Policy on Drug and Alcohol Abuse will be sufficient grounds for the Company to terminate my employment.

Use, possession, unlawful manufacturing, sale or solicitation of illegal drugs or alcohol on Company premises, Company owned properties, Company owned or leased vehicles or parking lots, reporting to work with any detectable amount of illegal drugs or alcohol in the bodily systems as determined by testing will be sufficient cause for immediate termination of my employment. Employees terminated for above cause will not be eligible for any medical, person or Company sponsored rehabilitative leave programs.

I understand and agree that I am required to notify the Company of any criminal drug conviction or violation within five (5) days of occurrence and understand that my employment could be terminated for such convictions or violations.

I certify that I am free of illegal drugs, controlled substances or alcohol. I agree that I remain free of illegal drugs, controlled substances and alcohol as a condition of my continued employment at Carolina Filters, Inc. or its subsidiaries. I understand that Carolina Filters, Inc. may require me to produce documentation to verify any prescription drugs I am taking and that my refusal to do so will disqualify me from consideration for employment and result in the termination of my employment.

I hereby release and agree to hold harmless the Company, its officers, directors, employees and agents from any and all liability whatsoever in connection with any drug use testing: I certify that I have read and understand all the above provisions.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Employee/Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date