

Employment Application  
**Roof Basket Works, Inc.**

1514 Pisgah Church Road  
Lexington, SC 29072  
803-359-6808

*Fine Quality Handmade Baskets*

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

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

Phone: ( \_\_\_\_\_ ) Alternate Phone: ( \_\_\_\_\_ )

Have you ever been employed at Roof Basket Works before.....

Are you legally eligible for employment in this country?.....  
(Proof of U.S. Citizenship or immigration status will be required upon employment)

Date available for work..... \_\_\_\_\_

Are you able to meet the attendance requirements of the position:  
Monday-Friday 8:00 a.m.-4:30p.m.....

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**Education**

Highest grade completed: \_\_\_\_\_

High School \_\_\_\_\_ College: \_\_\_\_\_

City and State: \_\_\_\_\_ City and State: \_\_\_\_\_

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**NOTHING IN THIS EMPLOYMENT APPLICATION AND STATEMENT CAN BE CONSTRUED AS A CONTRACT. ALL EMPLOYEES OF ROOF BASKET WORKS ARE EMPLOYED AT-WILL AND MAY QUIT OR BE TERMINATED AT ANY TIME AND FOR ANY OR NO REASON. NOTHING IN ANY OF THE COMPANY'S RULES, POLICIES, HANDBOOKS, PROCEDURES OR OTHER DOCUMENTS RELATING TO EMPLOYMENT CREATES ANY EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, THAT ARE CONTRARY TO OR INCONSISTENT WITH THE LIMITATIONS SET FORTH IN THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT UNLESS: 1) THE TERMS ARE PUT IN WRITING; 2) THE DOCUMENT IS LABELED "CONTRACT"; 3) THE DOCUMENT STATES THE TERM OF EMPLOYMENT; AND 4) THE DOCUMENT IS SIGNED BY A MANAGER OF ROOF BASKET WORKS, INC.**

**Employment History**

List your last three (3) employers, assignments, or volunteer activities, starting with the most recent, including any military experience.

Company \_\_\_\_\_ Type of Business: \_\_\_\_\_

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

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Supervisor: \_\_\_\_\_

Employed from: \_\_\_\_\_ TO \_\_\_\_\_ Your Position: \_\_\_\_\_

Salary From \_\_\_\_\_ To \_\_\_\_\_ May we contact this employer?

Describe your duties and responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Company \_\_\_\_\_ Type of Business: \_\_\_\_\_

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

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Supervisor: \_\_\_\_\_

Employed from: \_\_\_\_\_ TO \_\_\_\_\_ Your Position: \_\_\_\_\_

Salary From \_\_\_\_\_ To \_\_\_\_\_ May we contact this employer?

Describe your duties and responsibilities: \_\_\_\_\_

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

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Supervisor: \_\_\_\_\_

Employed from: \_\_\_\_\_ TO \_\_\_\_\_ Your Position: \_\_\_\_\_

Salary From \_\_\_\_\_ To \_\_\_\_\_ May we contact this employer?

Describe your duties and responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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**Military**

Branch of Service \_\_\_\_\_ Rank at separation \_\_\_\_\_

Date of service from: \_\_\_\_\_ To: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

**References:**

List three personal references that may be contacted by Roof Basket Works.

| Name | Telephone | Years Known |
|------|-----------|-------------|
|      |           |             |
|      |           |             |
|      |           |             |

**Equal Employment Opportunity**

Roof Basket Works, Inc. is committed to providing equal employment opportunity for all employees and applicants on the basis of merit and without regard to race, color, religion, sex, age, national origin, sexual orientation, and physical or mental disability. The objective is to promote full realization of equal employment opportunity through a continuing affirmative employment program that aims to eliminate discrimination based on factors irrelevant to job performance. Within the company, every effort will be made to ensure that all employment decisions and personnel actions, including recruitment, selection, training, promotion, transfer, and benefits are administered in conformance with Federal statutes and regulations governing equal employment and personnel management.

I understand:

1. That the information on this application is true to the best of my knowledge and that any misstatement is grounds for dismissal and liability.
2. That I authorize Roof Basket Works to contact my former employers or other references for reference checks.
3. I understand that the misrepresentation of, or omission of facts called for on this application is cause for cancellation of the application and/or separation from the company’s service, if I have been employed.
4. If I become an employee of Roof Basket Works I fully understand that all training techniques, procedures, formulas, and any and all information pertaining to the operation of Roof Basket Works shall be considered wholly proprietary thereto. Further I pledge not to discuss or divulge any such propriety information or knowledge that may compromise or in any way harm Roof Basket Works either during or following my employment with Roof Basket Works, Inc as provided for under Section 38-8-10 of the S.C. Code of Laws otherwise known as the South Carolina Trade Secrets Act.
5. This application is current for only 60 days. At the conclusion of this time, if I have not heard from Roof Basket Works and still wish to be considered for employment, it will be necessary to fill out a new application.

**Authorization for Release of Personal Information**

The undersigned certifies that the information furnished on my employment application is true and correct to the best of my knowledge. I authorize Roof Basket Works, Inc., or its agent, to verify any and all information submitted and to make any additional checks or background checks, which it deems necessary or advisable. I also authorize any former employers listed on my application to supply employment information to Roof Basket Works, Inc.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Please sign and return application in person to Roof Basket Works or email to [tonyroof@roofbasket.com](mailto:tonyroof@roofbasket.com)

# This Employer Participates in E-Verify



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

**IMPORTANT:** If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services' (USCIS) photograph.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or

citizenship status, please call the Office of Special Counsel at 1-800-255-7688 (TDD: 1-800-237-2515).

## NOTICE:

Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

**Employment Verification.**  **Done.**

For more information on E-Verify, please contact DHS at:  
**1-888-464-4218**



E-VERIFY IS A SERVICE OF DHS AND SSA