



# RURAL ECONOMIC WORKFORCE ALLIANCE FOR RESOURCE DEVELOPMENT

## REWARD Application



Workforce Development Partners:

Marlboro County Adult Education  
Marlboro County DSS  
Employment Security Commission  
SC Vocational Rehabilitation

Marlboro County Economic Development Partnership  
Marlboro EOC  
Center for Accelerated Technology Training  
Northeastern Technical College

Marlboro County Public Schools  
Marlboro County Community Development Corp.  
One Stop Centers  
Pee Dee WIA

**Last Name** \_\_\_\_\_ **First** \_\_\_\_\_ **Middle** \_\_\_\_\_

Date \_\_\_\_\_ Phone # \_\_\_\_\_

Alternate Phone # \_\_\_\_\_

Applicant Email Address \_\_\_\_\_

Social Security #    -   -

Company Name Training Applied For:  Mohawk Industries  All Businesses with Available Positions

Mailing Address		
City _____	County _____	State/ZIP _____
How long have you lived at this address? _____		Are you legally authorized to work in the USA? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you willing to work any shift? Yes <input type="checkbox"/> No <input type="checkbox"/>	<p>Have you ever been convicted of a crime other than minor traffic violations? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>NOTE: A "yes" answer to this question will not necessarily bar you from training. The nature, severity, and date of the offense in relation to the position for which you are applying are considered.</p> <p>If Yes: Charge(s) _____</p> <p>Where Convicted _____ Date _____</p> <p>Disposition or current status _____</p>	
Are you presently employed? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Work hours are from _____ am/pm to _____ am/pm		
Do you work rotating shifts? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you available for training		Can you attend classes, as required, Mondays through Sundays? Yes <input type="checkbox"/> No <input type="checkbox"/>
Mornings? Yes <input type="checkbox"/> No <input type="checkbox"/>	Exception(s) if any _____	
Afternoons? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Evenings? Yes <input type="checkbox"/> No <input type="checkbox"/>		

### MILITARY HISTORY

Branch	Date Entered	Date Discharged	Highest Rank Attained
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Indicate Specific Skills Acquired in the U.S. Armed Forces: \_\_\_\_\_

### EDUCATIONAL HISTORY

Circle Highest Grade Completed    1   2   3   4   5   6   7   8   9   10   11   12   13   14   15   Over 16

Do You Have A High School Diploma or GED Certificate?    Yes     No

High School Name / Location \_\_\_\_\_

SCHOOL NAME & LOCATION	FROM (Mo. & Yr.)	TO (Mo. & Yr.)	DEGREE OR CERTIFICATE	COURSE OF STUDY (Special Subjects)
Technical College, Business or Trade School				
College				

Last Name

First

Middle

LIST BELOW THE NAMES OF ALL YOUR EMPLOYERS, STARTING WITH THE MOST RECENT:

	(1) Name of Company	FROM (Mo. / Yr.)	TO (Mo. / Yr.)	IMMEDIATE SUPERVISOR'S NAME	PAY RATE	
	(2) Address of Company				START	FINAL
1	(1)					
	(2)					
Job Title and Duties:						
Reason for Leaving:						
2	(1)					
	(2)					
Job Title and Duties:						
Reason for Leaving:						
3	(1)					
	(2)					
Job Title and Duties:						
Reason for Leaving:						
4	(1)					
	(2)					
Job Title and Duties:						
Reason for Leaving:						
5	(1)					
	(2)					
Job Title and Duties:						
Reason for Leaving:						
6	(1)					
	(2)					
Job Title and Duties:						
Reason for Leaving:						
7	(1)					
	(2)					
Job Title and Duties:						
Reason for Leaving:						

May we contact your present employer regarding your service and employment record? Yes  No

Are there any other experiences, skills, or qualifications which you feel would especially qualify you for this training? \_\_\_\_\_

CERTIFICATION OF APPLICANT: I affirm, agree and/or understand that all statements on this form are true and accurate; any misrepresentation or omission of facts may result in my being disqualified; my background may be investigated; and copies of this form may be furnished to prospective employers. I further understand that if accepted for this training, I am not under any obligation to accept work with any specific firm, nor am I assured of being offered employment upon successful completion. Also, I may accept or reject any job offered me as I so desire.

Signature \_\_\_\_\_

APPLICANT SHOULD NOT WRITE BELOW THIS LINE
Comments: _____
Interviewer: _____