

TRIAD BUSINESS NETWORK ~ PRE-ENROLLMENT APPLICATION

A BUSINESS TO BUSINESS REFERRAL BASED ORGANIZATION.

This form should be completed by companies seeking qualification as a member of the Triad Business Network. Due to the high code of business ethics, all forms must be completely filled out to avoid delays in processing membership.

NAME: LAST	FIRST:	MIDDLE:	DATE:
Company Address:			
CITY OR TOWN:	STATE:	ZIP CODE:	DUN & BRADSTREET (D&B) NUMBER:
NAME OF COMPANY/ORGANIZATION:		TAX I.D #	

1 OWNERSHIP INFORMATION	PHONE:
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OWNER'S NAME:	SS#
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IS BUSINESS A CORPORATION, PARTNERSHIP, OR SOLE PROPRIETORSHIP?	
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BILLING ADDRESS:	
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TELEPHONE #

FAX #:	E-mail Address:
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2. Trade or professional license, registration or certification number, if applicable _____
3. Type of license, registration or certification _____
4. State _____
5. Type of work for which company wishes to qualify. Type of work must be performed "in house" under company's own payroll unless the work description is multifaceted, such as most construction descriptions.
6. Number of Years in business _____ yrs.
7. Has your organization ever failed to complete any work awarded to you? YES NO (Please circle)
If yes, please explain

8. Attach a copy of your organization's annual report (if applicable) and/or business description.
9. Can your company provide services outside of the North Carolina area?

I certify that all information listed above is accurate. _____
Signature

DATE: _____

ADDITIONAL INFORMATION

1 | ARE YOU AT LEAST 18 YEARS OF AGE? YES NO Date of Birth:

2 | HAVE YOU EVER BEEN CONVICTED OF A CRIME (S) YES NO

IF YES, EXPLAIN THE NATURE OF THE OFFENSE, DATE, AND PENALTY:

3 | DO YOU HAVE ANY RELATIVES WHO WORK OR HAVE WORKED FOR OUR FIRM YES NO

IF YES, GIVE NAME(S), RELATIONSHIP(S), AND WORK LOCATION(S).

4 | HAVE YOU EVER WORKED FOR OR APPLIED TO WC Publishing Co., Inc. BEFORE? YES NO

IF YES, GIVE DATE, LOCATION, AND TYPE OF WORK.

5 | IS THERE ANY LEGAL REASON WHY YOU CANNOT BE EMPLOYED IN THIS COUNTRY? YES NO

IF YES, EXPLAIN:

IMPORTANT-READ THE FOLLOWING CERTIFICATION AND AGREEMENT CAREFULLY BEFORE SIGNING .

IN MAKING THIS APPLICATION FOR EMPLOYMENT, I CERTIFY THAT THE STATEMENTS I HAVE MADE ARE TRUE, COMPLETE AND CORRECT, AND I AGREE THAT ANY WILLFULLY FALSE STATEMENTS OR MISREPRESENTATIONS HEREIN, ARE JUST CAUSE FOR WC Publishing Co., Inc. EITHER TO REFUSE OR TO TERMINATE MY EMPLOYMENT. FURTHER, I AUTHORIZE ANY SCHOOL OR FORMER EMPLOYER TO DISCLOSE TO HIRING AGENCY, UPON REQUEST, ANY INFORMATION THEY MAY HAVE AS TO MY RECORD, PERFORMANCE, AND ATTENDANCE AND WILL HOLD SUCH SCHOOLS AND EMPLOYERS HARMLESS FOR SUCH DISCLOSURE. I AGREE TO TAKE ANY REQUIRED DRUG SCREENING TEST FOLLOWING AN OFFER OF EMPLOYMENT. I UNDERSTAND THAT THIS APPLICATION BECOMES VOID AFTER 60 DAYS UNLESS RENEWED PERSONALLY OR IN WRITING BY ME. I HAVE READ AND DO UNDERSTAND AND SUBSCRIBE TO THIS CERTIFICATION AND AGREEMENT.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF WC Publishing Co., Inc/TRIAD TIMES News. I ALSO AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, UPON PROPER NOTIFICATION, AT ANY TIME, AT MY OPTION OR AT THE OPTION OF WC Publishing Co., Inc. I UNDERSTAND THAT NO EMPLOYEE OR REPRESENTAIVE OF HIRING AGENCY, OTHER THAN THE CHAIRMAN OF THE BOARD OR THE SENIOR VICE PRESIDENT OF HUMAN RESOURCES AND ADMINISTRATION HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT GUARANTEEING MY EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, NOR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

SIGNATURE OF INTERVIEWER

COMMENTS:

APPLICANT SIGNATURE:

DATE SIGNED:

FOR COMPANY USE ONLY (IF HIRED)

DIVISION:

LOCATION:

DEPARTMENT:

JOB TITLE:

SALARY/COMMISSION

STARTING DATE: