



FELTERS OF SOUTH CAROLINA, LLC
5965 HIGHWAY 221
ROEBUCK, SC 29376

Quality Control
Auditor Level 2
(Nonwoven products)

APPLICATION FOR EMPLOYMENT
(ACTIVE FOR 6 MONTHS)

PERSONAL DATA:

Name Last First Middle Date

Address Street City State Zip Code

Telephone # Mobile # Email

Were you referred to us by a current Felters Employee? If Yes, who

Names of relatives employed by Felters of South Carolina

Have you been employed previously by Felters of South Carolina? Yes No

If yes, when What was your reason for leaving?

Have you ever been convicted of a crime? Yes No (A conviction will not necessarily disqualify you.)

If yes, please describe

Have you taken any illegal drugs within the last 30 days? Yes No

Have you ever been discharged or forced to resign? Yes No

If yes, please explain

Are you at least 18 Years of Age? Yes No

Are you legally eligible to work in the United States? Yes No

Will you now or in the future require visa sponsorship for employment at Felters? Yes No

Do you have access to reliable transportation to travel to and from Felters? Yes No

Have you received any disciplinary action within the last 12 months of active employment?

Yes No If yes, please explain

Check the boxes that indicate shifts you will be able to work:

First

Second

Any

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**EDUCATIONAL DATA:**

School and Location	Dates Attended		Date of Graduation	Degree	Major Subject
High School					
College					
Certifications					

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**MILITARY DATA:**

Were you in the armed forces?      Yes       No

If yes, which branch \_\_\_\_\_

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**PREVIOUS EMPLOYMENT:**

Please list most recent employer first.

Dates Month & Year	Company Name & Address	Job Title	Rate of Pay	Supervisor's Name
From				
To				
From				
To				
From				
To				
From				
To				

**References (Other than Relatives):**

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

How do you know this individual? \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

How do you know this individual? \_\_\_\_\_

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I certify that the above information is true and correct to the best of my knowledge and understand that any false information on this form is cause for discharge if later hired. I also understand that I must complete all information requested or the application may not be processed.

I authorize the company to verify the information on this form through my employers and other references. I realize that if a conditional offer of employment is made, I must successfully complete a substance abuse screening test.

I understand if I am hired, it will be on an employee-at-will basis. I further understand that no statement, oral or written, by any company employee is sufficient to alter the at-will relationship, except for a notice in writing signed by an officer of the Company.

I have read and understand and agree to the preceding statements.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Once you have completed your application please 'save' to your device and email to [hr@felters.com](mailto:hr@felters.com)