



# APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, color, religion, sex, handicap, familial status, or national origin.

**EQUAL OPPORTUNITY EMPLOYER**

**1275 East Cherry St.**

**Jesup, GA 31546**

**Phone: 912-427-9022**

<b>PERSONAL</b>	APPLICATION DATE			SS#			
	Last Name		First Name	Middle Name	Drivers License #		State
	Street Address				Home Phone ( )		
	City, State, Zip				Business Phone ( )		
	How long have you been at your present residence? <b>Circle One</b> 1 year or less   2-5 years   5 years or more				Are you a US Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	Are you at least 18 years of age? <input type="checkbox"/> YES <input type="checkbox"/> NO   If NO - <u>Employment is subject to verification of minimum legal age.</u>				Gender <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
	Are you legally eligible for employment in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO				Available for <input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time		
	Have you ever applied for employment with us? <input type="checkbox"/> YES <input type="checkbox"/> NO   If Yes When? _____ Location _____				<input type="checkbox"/> Nights <input type="checkbox"/> Weekends		
	Position Desired				When will you be available to begin work?		
	Are you available to work overtime? <input type="checkbox"/> YES <input type="checkbox"/> NO				Expected Rate of Pay \$ _____ <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Year		
	Have you been convicted of a crime in the last ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? <input type="checkbox"/> YES <input type="checkbox"/> NO   If Yes, describe in full.						
	Have you ever been bonded? <input type="checkbox"/> YES <input type="checkbox"/> NO   If Yes, with what employers?						
	Have you ever received workmen's Compensation or Disability Income payments? <input type="checkbox"/> YES <input type="checkbox"/> NO   If Yes, describe.						
	Do you have any physical limitations that will limit your ability to perform certain job functions? <input type="checkbox"/> YES <input type="checkbox"/> NO   If Yes, describe.						
<b>EMERGENCY CONTACT</b>							
NAME		RELATIONSHIP			PHONE		
<b>EDUCATION</b>	<b>EDUCATIONAL RECORD</b>	<b>Name and Address</b>	<b>Last Grade Completed</b>	<b>Did you graduate?</b>	<b>Date of Completion</b>		
		Elementary	1 2 3 4 5 6 7 8				
		High school	9 10 11 12 GED				
		College/University/Institution	Field/Major	Degree/Diploma			
		College/University/Institution	Field/Major	Degree/Diploma			
		College/University/Institution	Field/Major	Degree/Diploma			
		OTHER					
<b>List Other Specialized Skills</b> : i.e. – Typing, Transcription, Computer and Software, Management, Heavy Equipment, Certifications and Licensing.							

<b>R.F.F.</b>	List three references, NOT RELATIVES OR FORMER EMPLOYERS			
	NAME	ADDRESS	PHONE	REFERENCE TYPE
	1. _____	_____	_____	<input type="checkbox"/> Personal <input type="checkbox"/> Business
2. _____	_____	_____	<input type="checkbox"/> Personal <input type="checkbox"/> Business	
3. _____	_____	_____	<input type="checkbox"/> Personal <input type="checkbox"/> Business	
<b>Employment History</b>	ACCOUNT FOR ALL TIME FOR THE LAST 10 YEARS WHETHER WORKING OR NOT. (If additional space is required, please attach a supplementary sheet. Explain all gaps between employment dates fully.)			
	Are you currently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, May we contact your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	<u>Present or last employment:</u>			
	Company _____ Address _____ Phone _____			
	Dates of employment _____ - _____ Rate of Pay \$ _____ <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Year			
	Job Title _____ Job Duties _____			
	Immediate Supervisor _____ Reason for leaving _____			
	<u>Next Previous:</u>			
	Company _____ Address _____ Phone _____			
	Dates of employment _____ - _____ Rate of Pay \$ _____ <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Year			
Job Title _____ Job Duties _____				
Immediate Supervisor _____ Reason for leaving _____				
<u>Next Previous:</u>				
Company _____ Address _____ Phone _____				
Dates of employment _____ - _____ Rate of Pay \$ _____ <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Year				
Job Title _____ Job Duties _____				
Immediate Supervisor _____ Reason for leaving _____				
<b>Military</b>	COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES		Branch of Service	
	Describe your duties and any specialized training		Dates of Active Duty	
			From _____ To _____	
			Rank at Discharge	
Honors and Awards		Date of final Discharge		
<b>Signature</b>	*NOTE * Some Positions with our company will require Motor Vehicle Record Validation and NCIC background check. This information may determine your eligibility for the position for which you are applying. All positions require a drug test.			
	I hereby declare the information provided by me in this Application for Employment is true, correct and complete to the best of my knowledge. I understand that if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal.			
	I authorize you to obtain an investigative consumer report containing information obtained through personal interviews with my neighbors, friends and acquaintances. This report, if obtained, may include information as to my character, general reputation, personal characteristics and mode of living. I understand I have the right to make a written request within a reasonable period to receive detailed information about the nature and scope of any such investigation.			
I understand that if employed, I will be required to take drug and/or polygraph tests at any time requested by the employer.				
_____		_____		
DATE		SIGNATURE		