

APPLICATION FOR EMPLOYMENT

Position Desired: _____ Full time Part time Date _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER
APPLICANT'S STATEMENT

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I am employed on an "at will" basis which means that I have the right to terminate my employment at any time with or without notice, and the Company has the same right. No one other than the President of the Company has authority to modify this relationship or make any agreement to the contrary. Any such modification or agreement must be in writing, signed by the President.

I understand that the Company reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law. I understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records and other information pertinent to my employment with them, whether favorable or unfavorable. I also authorize the Company to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information.

By signing below, I certify that all of the information that I provide on this application and in any interview will be true, complete and accurate. I understand if I am employed and any such information is later found to be false, incomplete or misleading in any respect, I will be dismissed.

*** AUTHORIZATION TO OBTAIN CONSUMER REPORTS ***

IT HAS BEEN DISCLOSED TO ME THAT THE COMPANY MAY OBTAIN ONE OR MORE CONSUMER REPORTS ON ME FOR USE IN CONNECTION WITH MY APPLICATION OR FOR OTHER EMPLOYMENT-RELATED PURPOSES. THESE REPORTS, MAY INCLUDE CREDIT BUREAU REPORTS, CRIMINAL RECORDS AND DRIVING RECORDS. I AUTHORIZE THE COMPANY OR PERSONS ACTING ON ITS BEHALF TO OBTAIN THESE REPORTS.

_____ Date _____ Signature of Applicant _____

PERSONAL DATA

Name _____
Last First Middle

Present Address _____ How long have you lived there? _____
Street and Number City State Zip Years Months

Previous Address _____ How long did you live there? _____
Street and Number City State Zip Years Months

Telephone No. _____ Are you 18 years of age or older? Yes No

Do you have any friends or relatives working here? Yes No

If Yes, Name: _____

Relationship: _____

Have you ever pled guilty or "no contest" to a crime or been convicted of a crime? Yes No

Do you have any criminal charges pending? Yes No If Yes to either question, please give date and details of each:

NOTE: Answering "Yes" to this question does not constitute an automatic bar to employment. Only those crimes which are substantially related to the position you are seeking will be considered.

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references.

Present or Last Employer	<u>Employed</u>	<u>Pay</u>	<u>Position</u>	<u>Reason for Leaving</u>
Address	From (mo/yr)	Start \$		
City, State, Zip Code	To (mo/yr)	Final \$	<u>Supervisor</u>	
Telephone				
Previous Employer	<u>Employed</u>	<u>Pay</u>	<u>Position</u>	<u>Reason for Leaving</u>
Address	From (mo/yr)	Start \$		
City, State, Zip Code	To (mo/yr)	Final \$	<u>Supervisor</u>	
Telephone				
Previous Employer	<u>Employed</u>	<u>Pay</u>	<u>Position</u>	<u>Reason for Leaving</u>
Address	From (mo/yr)	Start \$		
City, State, Zip Code	To (mo/yr)	Final \$	<u>Supervisor</u>	
Telephone				
Previous Employer	<u>Employed</u>	<u>Pay</u>	<u>Position</u>	<u>Reason for Leaving</u>
Address	From (mo/yr)	Start \$		
City, State, Zip Code	To (mo/yr)	Final \$	<u>Supervisor</u>	
Telephone				
Previous Employer	<u>Employed</u>	<u>Pay</u>	<u>Position</u>	<u>Reason for Leaving</u>
Address	From (mo/yr)	Start \$		
City, State, Zip Code	To (mo/yr)	Final \$	<u>Supervisor</u>	
Telephone				

Have you ever been terminated or asked to resign from any job? [] Yes [] No If yes, please explain circumstances: _____

Please explain fully any gaps in your employment history: _____

May we contact your current employer? [] Yes [] No If No, please explain: _____

PREVIOUS EXPERIENCE

DRIVING INFORMATION

Do you have a current driver's license? Yes No

State: _____ License No.: _____ Expiration Date: _____

Has your driver's license ever been suspended or revoked? Yes No If yes, please explain circumstances: _____

Do you have personal automobile insurance? Yes No Insurance Company: _____

Has your personal automobile insurance ever been cancelled? Yes No If yes, please explain circumstances: _____

Please list all moving traffic violations in the last five (5) years:

Offense	Date	Location	Offense	Date	Location

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, COMPLETE AND ACCURATE.

DATE

SIGNATURE OF APPLICANT

DISCLOSURE OF INTENT TO OBTAIN CONSUMER REPORTS OR INVESTIGATIVE CONSUMER REPORTS

For employment purposes, this Company may obtain consumer reports on you as an applicant or from time to time during employment. "Consumer reports" are reports from consumer reporting agencies and may include driving records, criminal records, credit history, etc. We may also obtain investigative consumer reports. An "investigative consumer report" is a consumer report in which information as to character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with neighbors, friends, associates, acquaintances, or others. You have a right to request disclosure of the nature and scope of an investigation and to request a written summary of consumer rights.

AUTHORIZATION

I authorize the Company to obtain consumer reports and/or investigative consumer reports regarding me from time to time for employment purposes.

Signature: _____ Date: _____

Print Name: _____

Social Security No. _____

Driver's License Number: _____ State: _____

Other States in which you held a Driver's Licenses in past 5 years: _____

Maiden or Other Names Under Which Records May be Listed:

Date of Birth: _____ Race: _____ Sex: _____

NOTE: Highlighted information will only be used to ensure a positive identification and will not be used in any employment decision.

If the Company requests an investigative consumer report and you would like to receive a disclosure of the nature and scope of the investigation and a written summary of consumer rights, please indicate that your desire below.

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize _____ to conduct a Criminal History Background inquiry for the purpose listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

**** ALL FIELDS ARE REQUIRED**

FULL NAME (PRINT) MUST BE CURRENT FULL LEGAL NAME AS IT APPEARS ON GOVERNMENT ID			
_____		_____	
LAST	FIRST	MIDDLE	
ADDRESS			
STREET	_____		
CITY, STATE ZIP	_____		
SEX	RACE	DATE OF BIRTH	SOCIAL SECURITY NUMBER
MALE	WHITE	_____	I HAVE NEVER BEEN ISSUED A SOCIAL SECURITY NUMBER
FEMALE	BLACK		
UNKNOWN	ASIAN HISPANIC UNKNOWN		

CHECK ONE BOX

This authorization is valid for _____ days from the date of signature.

I give consent to the above-named entity to perform periodic criminal history background checks or the duration of my employment.

Signature

Date

Purpose Code Used: (check one)

NON-CRIMINAL JUSTICE PURPOSES	
<input type="checkbox"/>	E – Employment / Volunteer Work / Tenancy
<input type="checkbox"/>	M - Working with Mentally Disabled PROVIDING 24/7 CARE – NOT for Volunteer work
<input type="checkbox"/>	N - Working with Elderly – NOT for Volunteer work
<input type="checkbox"/>	W - Working with Children NOT A VOLUNTEER – NOT for Volunteer work

ORI STAMP REQUESTED