



702 E Chapel St • Quitman, GA 31643
229-247-1631

Application for Employment

An Equal Opportunity employer

M/F/V/D

Note: Please answer all questions. Be sure to date and sign this application. Applicants may request assistance if needed, to complete the application.

PERSONAL DATA

Name	_____	Date	_____	
	Last First Middle			
Present Address	_____	Phone	_____	
	Street City State ZIP			
Phone number other than home where you can be reached	_____			
SS#	_____	Age	_____	
		If under 18, do you have a work permit?	_____	
		If under 18	_____	
Position applying for	_____		Shift	_____
Date available for work	_____		Referred by	_____
Have you applied for a job at this company before?	Yes	No	When?	_____
Do you have relatives employed by this company?	Yes	No		
If yes, indicate name and relationship	_____			
1)	_____			
2)	_____			
3)	_____			
In case of emergency, please notify	_____			
	Name	Phone		
Are you willing to relocate?	Yes	No		

EDUCATIONAL BACKGROUND

Education	Name & Address of School	Course of Study	Degree Received
High School			
9 10 11 12			
College			
1 2 3 4			
Graduate School			
1 2 3 4			
Other/Trade School			
1 2			

Are you currently enrolled in school? Yes No

If so, where and what is your course of study? _____

List scholastic honors attained _____

U.S. MILITARY SERVICE

Branch _____ Last Rank _____

Date Entered _____ Date Discharged _____

Military Job _____ Reserve Status _____

GENERAL

Have you ever been convicted of a violation of any federal, state, county or municipal law, other than minor traffic violations? Yes No

If Yes, Explain

EMPLOYMENT RECORD

Employer _____ Job Responsibilities _____

Address _____

Date Began _____ Date Left _____ May We Contact _____

Immediate Supervisor _____ Ending Rate of Pay _____ Reason for Leaving _____

Employer _____ Job Responsibilities _____

Address _____

Date Began _____ Date Left _____ May We Contact _____

Immediate Supervisor _____ Ending Rate of Pay _____ Reason for Leaving _____

Employer _____ Job Responsibilities _____

Address _____

Date Began _____ Date Left _____ May We Contact _____

Immediate Supervisor _____ Ending Rate of Pay _____ Reason for Leaving _____

Employer _____ Job Responsibilities _____

Address _____

Date Began _____ Date Left _____ May We Contact _____

Immediate Supervisor _____ Ending Rate of Pay _____ Reason for Leaving _____

Additional Information

Note: Please answer all questions applicable to you and the position for which you are applying.

SECRETARIAL/CLERICAL

What is your profession? _____

List all office equipment on which you have skills and indicate extent of experience.

Typing Speed _____ WPM

SKILLED TRADES

What is your profession? _____

List tools/machines on which you have skills and indicate extent of experience.

GENERAL

Please describe your personal qualifications relative to the position for which you have made application. Please indicate wage expected.

REFERENCES

List three personal references. Please include address and telephone.

1) _____

Present Address _____ Phone _____
Street City State ZIP

2) _____

Present Address _____ Phone _____
Street City State ZIP

3) _____

Present Address _____ Phone _____
Street City State ZIP

Applicant's Statement

1. Verification: I hereby certify that all answers given on this application (including supplements) are true and complete to the best of my knowledge. I understand that any misrepresentation or omission of facts given in my application and/or interviews may be sufficient cause for dismissal if and when discovered.

2. Application: I understand that completion of this application by me does not indicate there are any positions available and does not in any way obligate this Company.

3. Authorization and Release: I authorize this Company to make inquiries into all statements made by me and to obtain any information, transcripts, records, or documents pertaining to my background including but not limited to my personal, employment and financial history and other related matters. I authorize all schools, individuals, and employers to respond to inquiries in connection with my application. I hereby release all parties, including this Company, from any and all liability or damages arising therefrom.

4. Employment-At-Will: I understand that this Employment Application and any other Company documents are no promises or contracts of employment. Should I be employed, I understand that my employment will not be for any particular period of time and will be at will. I can therefore terminate my employment with or without cause and with or without notice at any time and the Company has a similar right. I understand that no manager or representative of the Company has any authority to enter into any agreement for employment for any specified period of time or make any agreement contrary to the foregoing, except that a corporate officer may do so in writing.

5. Physical Examination and Health Statement: I understand that I may be required to complete a health statement and submit to a pre-employment physical after an offer of employment has been made. I release the Company from any and all liability incident to the examination.

6. Alcohol and Drug Testing: I agree to submit a urinalysis and/or blood test for the presence of drugs or alcohol and understand that my offer of employment will be contingent upon the results of these tests. I agree to such an examination and/or testing at the Company's expense. I authorize release of the results to the Company and release the Company from any and all liability incident to the testing.

7. Company Policies: If this application is considered favorably, I agree to abide and comply with all rules and policies of this Company. I understand that if I do not do so, I may be subject to the disciplinary action, up to and including discharge.

I have read each of the above statements.

Date: _____ Signature: _____

This application for employment shall be considered active for 30 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

FOR PERSONNEL DEPARTMENT USE ONLY				
Arrange Interview	Yes	No	Interviewer _____	Date _____
Remarks				
Employed	Yes	No	Employed By _____	Date _____
	Name and Title			
Job Title _____	Hourly Rate/Salary _____	Department _____	Date of Employment _____	

NOTES: