

4005 Bear Lake Rd • Valdosta, GA 31901 229-219-2300

## **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 Street City	State ZIP Phone					
Phone number other than home where you can be reached						
SS# Age If under 18, do you have a work pe	ermit?					
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		Phone				
Are you willing to relocate? Yes No		THOR				
EDUCATIONAL BAC	KGROUND					
Education Check Highest Grade Completed  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						
The year can only emoned in concern						
Are you currently enrolled in school?  If so, where and what is your course of study?						

U.S. MILITARY SERVICE							
Branch_			Last Rank				
Date Entered	Date Discharged						
Military Job			Reserve Status				
		G	ENERAL				
Have you ever been co	nvicted of a violation	n of any federal, state, county	y or municipal law, other than minor traffic violations?	Yes	No		
If Yes, Explain							
		EMPLOY	MENT RECORD				
Employer		Job Resp	ponsibilities				
Address			_				
Date Began	Date Left	May We Contact	_				
	Duto Lott						
Immediate Supervisor		Ending Rate of Pay	Reason for Leaving				
Employer		Job Res <sub>l</sub>	ponsibilities				
Address			_				
			_				
Date Began	Date Left	May We Contact					
Immediate Supervisor		Ending Rate of Pay	Reason for Leaving				
Employer		Joh Resi	ponsibilities				
			_				
Address							
Date Began	Date Left	May We Contact	_				
Immediate Supervisor		Ending Rate of Pay	Reason for Leaving				
Employer		Job Res	ponsibilities				
			_				
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.

		SECRETA	RIAL/CLERICA	L		
What is your profession?						
List all office equipment o	n which you have skills	and indicate extent of e	experience.			
Typing Speed	WPM					
		SKILL	ED TRADES			
What is your profession?_						_
List tools/machines on wh	nich you have skills and	I indicate extent of exper	ience.			
						_
			ENERAL			
Please describe your pers	sonal qualifications relat	tive to the position for wh	nich you have made ap	plication. Plea	ase indicate wage expected.	
						_
			ERENCES			
List three personal referer	nces. Please include ad	ldress and telephone.				
1)						
Present Address					Phone	
	Street	City	State	ZIP		
						_
2)						_
Present Address	Street	City	State	ZIP	Phone	_
						_
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 of 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.

have read each of the above	statements.
Date:	Signature:
	nt shall be considered active for 30 days. Any applicant wishing to be considered for employment beyond this time period should inquire

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

**NOTES:**