



EMPLOYMENT APPLICATION

APPLICANT INFORMATION

LAST NAME		FIRST		MI.		DATE	
STREET ADDRESS						APARTMENT/UNIT #	
CITY		STATE		ZIP CODE			
PHONE			E-MAIL ADDRESS				
DATE AVAILABLE		SOCIAL SECURITY NO.		DESIRED SALARY			
POSITION APPLIED FOR							
ARE YOU A U.S. CITIZEN?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	IF NO, ARE YOU AUTHORIZED TO WORK IN THE U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
ARE YOU OVER THE AGE OF 18?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	CAN YOU TRAVEL IF A JOB REQUIRES IT?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
DO YOU HAVE A GA DRIVER'S LICENSE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	CDL LICENSE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
ENDORSEMENTS ON CDL?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DO YOU HAVE POINTS ON YOUR RECORD?				
HAVE YOU EVER WORKED FOR THIS COMPANY?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	IF SO, WHEN?				
HAVE YOU EVER BEEN CONVICTED OF A FELONY?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	IF YES, EXPLAIN?				

EDUCATION INFORMATION

HIGH SCHOOL				ADDRESS			
FROM		TO		DID YOU GRADUATE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DEGREE?
COLLEGE				ADDRESS			
FROM		TO		DID YOU GRADUATE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DEGREE?

REFERENCES

PLEASE LIST THREE PROFESSIONAL REFERENCES

FULL NAME			RELATIONSHIP		
COMPANY			PHONE		
ADDRESS					
FULL NAME			RELATIONSHIP		
COMPANY			PHONE		
ADDRESS					
FULL NAME			RELATIONSHIP		
COMPANY			PHONE		
ADDRESS					

**PREVIOUS EMPLOYMENT**

COMPANY		PHONE	
ADDRESS		SUPERVISOR	
JOB TITLE		STARTING SALARY	ENDING SALARY
RESPONSIBILITIES			
FROM	TO	REASON FOR LEAVING	

MAY WE CONTACT YOUR PREVIOUS SUPERVISOR FOR A REFERENCE?

COMPANY		PHONE	
ADDRESS		SUPERVISOR	
JOB TITLE		STARTING SALARY	ENDING SALARY
RESPONSIBILITIES			
FROM	TO	REASON FOR LEAVING	

MAY WE CONTACT YOUR PREVIOUS SUPERVISOR FOR A REFERENCE?

COMPANY		PHONE	
ADDRESS		SUPERVISOR	
JOB TITLE		STARTING SALARY	ENDING SALARY
RESPONSIBILITIES			
FROM	TO	REASON FOR LEAVING	

MAY WE CONTACT YOUR PREVIOUS SUPERVISOR FOR A REFERENCE?

**MILITARY SERVICE**

BRANCH		FROM		TO	
RANK AT DISCHARGE		TYPE OF DISCHARGE			
IF OTHER THAN HONORABLE, EXPLAIN					

**DISCLAIMER AND SIGNATURE**

I CERTIFY THAT MY ANSWERS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.  
 I UNDERSTAND THAT IF THIS APPLICATION LEADS TO EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION ON THIS APPLICATION OR INTERVIEW COULD LEAD TO MY RELEASE.

SIGNATURE

DATE