



Application for Employment

Equal access to programs, services and employment is available to all persons. Those applicants requiring a reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department. We are an equal opportunity employer.

Please Print

Position Applying For: _____ Application Date: _____

Name: _____

Address: _____

Home Phone: _____

Cellular/Other: _____

E-mail address: _____

Expected Pay: _____

Would you accept full-time work? Yes No

Would you accept part-time work? Yes No

On what date would you be available for work? _____

If necessary, best time to call you is: AM PM

How were you referred to our Company?

Have you submitted an application here before? Yes No

If yes, please give dates and position.

Have you ever been employed here? Yes No

If yes, please give dates and position.

If you are under 18 years old, can you provide a work permit if required? Yes No

Are you legally eligible for employment in the United States? (If yes, proof is required if hired.) Yes No

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)? NOTE: This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage, to the extent permitted by law.

Yes No

Need more information about the job's "essential functions" to respond? Yes No

Will you travel if required? Yes No

Will you work overtime if required? Yes No

If they have been explained to you, are you able to meet the attendance requirements of the position? Yes No

Have you ever been bonded? Yes No

Please provide your driver's license number, if driving is required for this job.

_____ State: _____

Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for our Company? Yes No

If yes, please explain:

NOTE: Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

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

Yes please provide date(s) and details:

Employment Experience

Place an X by the employer(s) you DO NOT want us to contact. List your most recent employer first.

Employer: _____

Contact Name: _____

Address: _____

Job Title: _____

Dates employed (from and to): _____

Work performed: _____

Reason for leaving: _____

What did you like most about your position?

Employer: _____

Contact Name: _____

Address: _____

Job Title: _____

Dates employed (from and to): _____

Work performed: _____

Reason for leaving: _____

What did you like most about your position?

Employer: _____

Contact Name: _____

Address: _____

Job Title: _____

Dates employed (from and to): _____

Work performed: _____

Reason for leaving: _____

What did you like most about your position?

Explain any gaps in your employment other than those due to personal illness, injury or disability.

Have you ever been fired or asked to resign from a job? If yes, please explain:

Education Background

High School: _____

Did you graduate? Yes No

College: _____

Location: _____

Course of study: _____

Did you graduate? Yes No

Grad School: _____

Location: _____

Course of study: _____

Did you graduate? Yes No

Vocational Training/other: _____

Location: _____

Course of study: _____

Did you graduate? Yes No

Special Training or Skills

Languages, machine operation, etc., that would be of benefit in the job for which you are applying

Social Security Number

ss# _____

The company will make reasonable efforts to safeguard the privacy of this information and will use it only for employment purposes.

References

List names and telephone numbers of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references that are not related to you.

Name: _____

Title: _____

Relationship: _____

Telephone: _____

E-Mail: _____

Years Known: _____

Name: _____

Title: _____

Relationship: _____

Telephone: _____

E-Mail: _____

Years Known: _____

Name: _____

Title: _____

Relationship: _____

Telephone: _____

E-Mail: _____

Years Known: _____

Applicant Statement

I certify that all the information submitted by me on this application is true and complete and I understand that if any false or misleading information, omissions or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

If hired, I agree to conform to the Company's rules and regulations, and I understand that these rules and/or the employee handbook do not form a contract of employment either express or implied, and I agree that my employment and compensation can be terminated, with or without cause and with or without notice, at any time at either my or the Company's option.

I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the Company. I understand that no Company representative, other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the forgoing.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives for seeking, gathering and using truthful and no defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

I also understand that, if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States as required by federal immigration laws.

This Company does not tolerate unlawful discrimination or harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state or local law. No question on this application is used to limit or exclude an applicant from employment consideration on any basis prohibited by applicable federal, state or local law.

Applicant's signature

Date

REQUEST FOR BACKGROUND INFORMATION

PLEASE TYPE OR PRINT ... FILL IN COMPLETELY

LAST NAME, FIRST NAME M.I.	* Date of Birth	Social Sec. Number	Other NAME(S)
emv, License 'v ** ota e	Have you ever been CONVICTED of a FELONY or MISDEMEANOR YES D or NO D If yes, where & when		

Home Addresses for the last ten years.

Address, City, State, Zip (LIST MOST RECENT FIRST)	MO. YR. TO MO. YR.
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Employment History (List most recent first)

FULL COMPANY NAME	JOB TITLE & DEPT	SALARY	MO. YR. TO MO. YR.
ADDRESS, CITY, STATE	SUPERVISOR'S NAME	REASON FOR LEAVING	TELEPHONE#
FULL COMPANY NAME	JOB TITLE & DEPT	SALARY	MO. YR. TO MO. YR.
ADDRESS, CITY, STATE	SUPERVISOR'S NAME	REASON FOR LEAVING	TELEPHONE#
FULL COMPANY NAME	JOB TITLE & DEPT	SALARY	MO. YR. TO MO. YR.
ADDRESS, CITY, STATE	SUPERVISOR'S NAME	REASON FOR LEAVING	TELEPHONE#
FULL COMPANY NAME	JOB TITLE & DEPT	SALARY	MO. YR. TO MO. YR.
ADDRESS, CITY, STATE	SUPERVISOR'S NAME	REASON FOR LEAVING	TELEPHONE#
EDUCATION			
SCHOOL ADDRESS	CITY	STATE	DEG. REC. MAJOR MO. YR. TO MO. YR.

BUSINESS REFERENCES

FULL NAME	COMPANY	ADDRESS	TELEPHONE NUMBER	YEARS KNOWN
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FOR FIDELIFACTS USE ONLY

ACCOUNT#:

CLIENT REF.:

*This information will not be used for the purposes of discrimination. The Federal Age Discrimination in employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 65 years of age. The laws of many states prohibit discrimination on the basis of age.

DISCLOSURE/AUTHORIZATION FORM

By this document discloses to you that a consumer report may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment.

This shall authorize the procurement of a consumer report by as part of the pre-employment background investigation. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for to procure consumer reports at any time during my employment period.

I also authorize the procurement of an investigative consumer report and understand that it may contain information about my employment and educational background, criminal history, credit, mode of living, character and personal reputation. I understand that I have the right to obtain additional disclosure as to the nature and scope of the investigation upon written request within a reasonable period of time and to obtain a copy of the report upon request. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested

In connection with this request, I authorize all corporations, companies, former employers, supervisors, credit agencies, educational institutions, law enforcement/criminal justice agencies, city, state, county and federal courts, state motor vehicle bureaus, military services and persons to release information they may have about me to the person or company with which this form has been filed, or their agent, Fidelifacts/Metropolitan New York, Inc. I release all parties involved from any and all liability for damages arising from requesting, procuring or furnishing the requested information except with respect to a violation of the Act. I authorize Fidelifacts/Metropolitan New York Inc to receive any criminal history information pertaining to me in the files of any state or local criminal justice agency in Georgia.

I authorize the National Personnel Records Center, St. Louis MO or other custodian of my military records to release to Fidelifacts/Metropolitan New York, Inc. information or photocopies of my military personnel and related records, or only the following information/records: _____

Service # _____ Branch of Service: _____ from _____ to _____

CA, MN, OK RESIDENTS ONLY: As part of a routine background investigation, we may request a consumer credit report from Fidelifacts. If we do so and you wish Fidelifacts to send you a free copy of this consumer credit report, please check here: ___

Applicant's Signature	Print Name	Date
Other Name(s) Used	Number	
Current Address	City or Town	State ZIPCODE
Previous Address Social Security	City or Town Date of Birth	State State ZIPCODE
	Driver ID Number	