



APPLICATION FOR EMPLOYMENT
An Equal Opportunity Employer

Daytime Telephone Number					E-mail Address				
[]	[]	[]	-	[]	[]	-	[]	[]	[]
Last Name					First Name			Middle Init.	
Street or Mailing Address								Apartment No.	
City					State	Zip Code		County	

EMPLOYMENT ELIGIBILITY: Please answer the following questions.

1. Are you a United States citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	2. Are you an alien authorized to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	3. Have you ever been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, attach an explanation.
---	---	---

TYPE OF WORK:

Specific Job Title Sought	Specific Job Title Sought
1.	2.

LIST BELOW HEAVY EQUIPMENT YOU CAN OPERATE:

HAVE YOU EVER HAD AN ACCIDENT ON A JOB? _____ **YES** _____ **NO**

IF YES, PLEASE EXPLAIN: _____

HEALTH PROBLEMS, IF ANY: _____

WOULD YOU TAKE A DRUG TEST? _____ **YES** _____ **NO**

EDUCATION:

High School Graduate or Equivalent (GED)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Vocational/Business School:	No. of Months:	Field of Study:	Completed: Yes <input type="checkbox"/> No <input type="checkbox"/> Date: (Mo./Yr)
---	-----------------------------	----------------	-----------------	---

LANGUAGE SKILLS: Check any which apply to you. Multilingual (Specify languages) _____ Sign Language

GEORGIA LICENSES AND CERTIFICATIONS:

Type of License/Certificate	License/Certificate Number	Expiration (Mo./Yr.)	Specialization/Endorsements
Current Valid Driver's License <input type="checkbox"/> Yes <input type="checkbox"/> No			
Current Valid Commercial Driver's License (CDL): Class (Check One): <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C			
Other Professional License/Certificate: _____			

CERTIFICATION: Read carefully before signing and dating. Unsigned applications will not be processed.

I certify that all information on this application is correct

Signature:

Date:

WORK HISTORY: Describe your work history below beginning with your current or most recent job.

Current or Last Employer:			Your Job Title:		
Address			From (mo/yr)	To (mo/yr)	Hours per Week:
City	State	Zip Code	Check all that apply: <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern <input type="checkbox"/> Paid		Annual Salary
Your Supervisor's Name and Title			May We Contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		Your Supervisor's Phone Number ()
Reason for Leaving			# and types of employees you supervised:		
Describe in detail your job duties.					
<i>Related Computer Skills:</i>					

How You Heard About The Job: Walk-in College/University Technical School Employee Referral thejobsite.org
 Newspaper State Agency Web Site Other Internet Source DOL Career Center Other _____

Date:

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

The information you give in this section is optional.

Last Name		First Name		MI
Ethnic Background (Check One):			Gender	Birth Date
1. <input type="checkbox"/> Native American	2. <input type="checkbox"/> White, not of Hispanic origin	(Check One):		MO DAY YR
3. <input type="checkbox"/> Hispanic	4. <input type="checkbox"/> Black, not of Hispanic origin	<input type="checkbox"/> Male		<input type="text"/> <input type="text"/> <input type="text"/>
5. <input type="checkbox"/> Asian/Pacific Islander	6. <input type="checkbox"/> Multi-racial	<input type="checkbox"/> Female		<i>Birth Date - Required for some law enforcement jobs.</i>
7. <input type="checkbox"/> Other				
For Agency Use				