

279 Tucker Blvd.
Dallas, GA 30157
(770) 443-9040

Employment Application

Applicant Information

Full Name:			
Address:			
City:	St:	Zip:	Phone:
Email Address:			
Position applied for:		Date available:	
Are you authorized to work in the United States? <input type="checkbox"/> yes <input type="checkbox"/> no			
Have you ever worked for this company? <input type="checkbox"/> yes <input type="checkbox"/> no			
Have you ever been convicted of a felony? <input type="checkbox"/> yes <input type="checkbox"/> no			
If yes, please explain:			
Do you currently have medical insurance coverage <input type="checkbox"/> yes <input type="checkbox"/> no Medicaid/Medicare <input type="checkbox"/> yes <input type="checkbox"/> no			
Would you be interested in our medical/dental insurance <input type="checkbox"/> yes <input type="checkbox"/> no			

Education

Level of education achieved: <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Other
Diploma/Certificate: <input type="checkbox"/> GED <input type="checkbox"/> High School Diploma <input type="checkbox"/> College Degree <input type="checkbox"/> Other:
Area of study:

Professional References

<i>(Please list three)</i>	
Full Name:	Relationship:
Company Name:	Phone Number:
Address:	
Full Name:	Relationship:
Company Name:	Phone Number:
Address:	
Full Name:	Relationship:
Company Name:	Phone Number:
Address:	

Previous Employment

Company:		Dates of Employment From: _____ To: _____	
Address:			
Phone:		Supervisor Name:	
Job Title:		Starting Pay: _____ Ending Pay: _____	
Reason for leaving:			
May we contact this employer for a reference? <input type="checkbox"/> yes <input type="checkbox"/> no			

Company:		Dates of Employment From: _____ To: _____	
Address:			
Phone:		Supervisor Name:	
Job Title:		Starting Pay: _____ Ending Pay: _____	
Reason for leaving:			
May we contact this employer for a reference? <input type="checkbox"/> yes <input type="checkbox"/> no			

Company:		Dates of Employment From: _____ To: _____	
Address:			
Phone:		Supervisor Name:	
Job Title:		Starting Pay: _____ Ending Pay: _____	
Reason for leaving:			
May we contact this employer for a reference? <input type="checkbox"/> yes <input type="checkbox"/> no			

Disclaimer and Signature

I certify that the information provided here is complete and accurate to the best of my knowledge. If this application leads to employment, I understand that providing false or misleading information in my application or interview may result in termination of employment or the pre-employment process.

Signature

Date