

EMPLOYMENT APPLICATION



APPLICANT INFORMATION		
Last Name	First	M.I.
Street Address		
City	State	ZIP
Home Phone	Cell Phone	
E-mail Address		
If under 18, list age:	Social Security No	

Date Available	Desired Salary
Locations Applied for: Alpharetta Buckhead East Cobb Norcross Snellville Suwanee West Cobb	
Position(s) Applied for	
Employment desired: Full Time Only (35+ hours) <input type="checkbox"/> Part Time Only (10-35 hours) <input type="checkbox"/> Part or Full Time <input type="checkbox"/>	
How many hours can you work weekly?	Can you work weekends?
Time Available to Work Each Day:	
Monday _____ Tuesday _____ Wednesday _____	
Thursday _____ Friday _____	
Saturday _____ Sunday _____	
Are you a citizen of the United States?	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"/>
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				
High School		City, State:		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		City, State:		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		City, State:		
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	

TRANSPORTATION

What is your means of transportation to work?

Driver's License Number (If Applicable)	State of Issue	Expiration Date
Have you had any accidents during the past three year?	How many?	
Have you had any moving violations during the past three years?	How many?	

ADDITIONAL INFORMATION ABOUT YOU*Use this space to summarize any additional information necessary to describe your full qualifications for the position.*

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MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	

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? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Other Comments:			

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? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Other Comments:			

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? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Other Comments:			

DISCLAIMER AND SIGNATURE

May we contact your present employer? YES NO

Did you complete this application yourself? YES NO

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date