



PO BOX 211907
AUGUSTA, GA 30917
OFFICE: 706.434.2700
FAX: 706.434.2701

Employment Application

Applicant Information

Full Name: _____
Last *First* *M.I.*

Address: _____
City *State* *Zip Code*

Phone: _____ Email: _____

Date Available: _____ Social Security No: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States: YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company: YES NO If so, when? _____

Have you ever been convicted of felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Full Name: _____ Relationship: _____

Company: _____ Phone Number: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone Number: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone Number: _____

Address: _____

Previous Employment

Company: _____ Phone Number: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for leaving: _____

May we contact your previous supervisor for reference: YES NO

Company: _____ Phone Number: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for leaving: _____

May we contact your previous supervisor for reference: YES NO

Company: _____ Phone Number: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for leaving: _____

May we contact your previous supervisor for reference: YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable explain: _____

Disclaimer & Signature

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: _____