

APPLICATION FOR EMPLOYMENT



Moultrie
GEORGIA
"A Full Service City"



P.O. Box 3368 • Moultrie, Georgia 31776
www.moultriega.com (229) 985-1974

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

(PLEASE PRINT)

Positions(s) Applied For			Date of Application		
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Relative <input type="checkbox"/> Inquiry <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend <input type="checkbox"/> Other _____					
Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number(s)			Social Security Number (Voluntary)		

Best time to contact you at home is: _____:_____ ^{AM}/_{PM}

If you are under 18 years of age, can you provide required proof of your eligibility to work: ☐ Yes ☐ No

Have you ever filed an application with us before: ☐ Yes ☐ No
 If Yes, give date _____

Have you even been employed with us before: ☐ Yes ☐ No
 If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here? ☐ Yes ☐ No

Are you currently employed: ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status:
Proof of citizenship or immigration status will be required upon employment ... ☐ Yes ☐ No

Date available for work ___/___/___ What is your desired salary range? _____

Are you available to work: ☐ Full-Time (please indicate 1 2 3 shift)
 ☐ Part-Time (please indicate Mornings Afternoon Evenings)
 ☐ Temporary (please indicate dates available ___/___/___ - ___/___/___)

Are you currently on "lay-off" status and subject to recall? ☐ Yes ☐ No

Do you use Tobacco/Nicotine Products/Electronic Cigarettes? ☐ Yes ☐ No

Can you travel if a job requires it? ☐ Yes ☐ No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	Name and Address of School	Course of Study	Number of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS

(CHECK SKILLS/EQUIPMENT OPERATED)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
WPM_____	WPM_____	_____	_____
		_____	_____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? ☐ YES ☐ NO

REFERENCES

1. _____ (Name) _____ () _____ Phone #

_____ (Address)
2. _____ (Name) _____ () _____ Phone #

_____ (Address)
3. _____ (Name) _____ () _____ Phone #

_____ (Address)

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied for Is Open: ☐ Yes ☐ No

Position(s) Considered For: _____

Date _____

NAME: _____ POSITION: _____ DATE: _____ / _____ / _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
2.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
3.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
4.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview ☐ Yes ☐ No

Remarks _____

INTERVIEWER DATE

Employed ☐ Yes ☐ No Date of Employment _____

Job Title _____ Hourly Rate/
Salary _____ Department _____

By _____
NAME AND TITLE DATE