

application for employment

857 collier rd suite 4 atlanta, ga 30318 404.609.7041

PERSONAL INFORMATION

Date _____

Last Name _____ First: _____

Address _____

City _____ State _____ Zip _____

Phone _____

Referred By _____

EMPLOYMENT DESIRED

Position _____ Date You Can Start _____

Desired Salary _____

Are You Employed? Yes No

If so, may we inquire with your present employer? Yes No

Ever Applied To This Company Before? Yes No When? _____

GENERAL INFORMATION

Subject Of Special Study/Interest, Work Or Special Training/Skills _____

Strengths? _____

Weaknesses? _____

FORMER EMPLOYERS

Company Name: _____

Position _____

Salary _____ From When To When _____

Responsibilities: _____

Reason For Leaving: _____

Company Name: _____

Position _____

Salary _____ From When To When _____

Responsibilities: _____

Reason For Leaving: _____

Company Name: _____

Position _____

Salary _____ From When To When _____

Responsibilities: _____

Reason For Leaving: _____

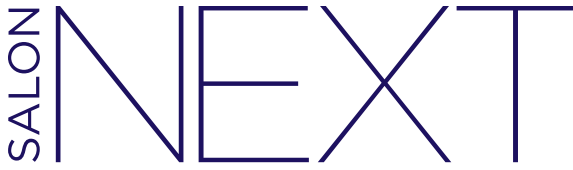
REFERRALS

Name _____ Relation _____ Phone # _____

Name _____ Relation _____ Phone # _____

Name _____ Relation _____ Phone # _____

Interviewed By: _____ Notes: _____



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AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to to enter into any agreement for employment for an specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Date _____ Signature _____

Interviewed By _____ Date _____