

AT-WILL EMPLOYMENT APPLICATION

700 Gloucester Street
Brunswick, GA 31520
(912) 265-8500

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, marital or veteran status, disability, or any other legally protected status. We will give this application every consideration. However, in accepting it, the Company makes no commitment of employment to the applicant. This application applies to a specific position only. It will remain active for 30 days.

WE ARE AN AT-WILL EMPLOYER, MEANING THAT EITHER THE EMPLOYER OR THE EMPLOYEE MAY END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.

BASIC INFORMATION: Please print in ink

Position Applied For:			Date of Application:		
How Did You Learn About Us?					
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In			
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____			
Last Name	First	Middle	Social Security Number		
Address		City	State	Zip Code	
Home Phone Number			Day Time Phone Number		
Email Address					

JOB REQUIREMENTS

Salary Requirements: \$	Date Available:
If you are less than 18 years of age, can you provide required proof of your eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever filed an application with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date:	
Have you ever been employed with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date:	
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> 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.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift Work <input type="checkbox"/> Temporary	
Are you currently on "layoff" status and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Can you travel if a job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have transportation to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been convicted of or pled guilty to a crime within the last 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain: _____	
**** Answer the following questions if driving a vehicle (company or own) is part of the job ****	
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Driver's License Number:	State:
Have you been convicted of any traffic related offense within the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever had your driver's license suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No	

*** WE ARE AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER***

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

Indicate any foreign language you speak, read, and/or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List any training, apprenticeships, and skills that would qualify you for a position with our Company

List special accomplishments, community activities, civic organizations or professional societies, which relate to the position for which you have applied.

REFERENCES (Not former supervisors or relatives)		
Name	Address	Phone Number

List any additional information you would like us to consider.

EMPLOYMENT HISTORY

Start with present or most recent job

Company	Address			Telephone	
Dates Employed	From	To	Starting Salary	Final Salary	Supervisor
Your Duties:				Reason for Leaving:	
Company	Address			Telephone	
Dates Employed	From	To	Starting Salary	Final Salary	Supervisor
Your Duties:				Reason for Leaving:	
Company	Address			Telephone	
Date Employed	From	To	Starting Salary	Final Salary	Supervisor
Your Duties:				Reason for Leaving:	
Company	Address			Telephone	
Date Employed	From	To	Starting Salary	Final Salary	Supervisor
Your Duties:				Reason for Leaving:	
Company	Address			Telephone	
Date Employed	From	To	Starting Salary	Final Salary	Supervisor
Your Duties:				Reason for Leaving:	

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

I authorize the Company the right to investigate all references and to secure additional information about me if job related. I hereby release from liability the Company and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information. This inquiry, if made, may include information as to my character, general reputation, personal characteristics, and mode of living.

I understand and agree that the Company may require that I consent to a credit, motor vehicle, and/or criminal history report as a condition for employment. If an adverse employment decision is made due totally or partially to the information on a report, the Company will give me a copy of the report and the source of the report so that I may contact them if I wish.

I voluntarily agree to submit to a drug test as part of my application for employment if requested to do so.

I understand that as a part of the Company's process for consideration of employment, I may be required to take a personality profile, aptitude/skills assessment or other forms of general assessment tests to determine my suitability for the position which I am applying.

I understand and can physically perform the essential functions of the position for which I have applied.

This application applies to a specific position only. If I have not heard from the Company and still wish to be considered for employment after 30 days, it will be necessary to fill out a new application.

I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT, IF HIRED, MY EMPLOYMENT RELATIONSHIP WITH THIS COMPANY WOULD BE OF AN "AT WILL" NATURE, WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE EMPLOYEE AT ANY TIME AND FOR ANY OR NO REASON. IT IS FURTHER UNDERSTOOD THAT THIS "AT WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT OR BY CONDUCT UNLESS SUCH CHANGE IS SPECIFICALLY ACKNOWLEDGED IN WRITING BY AN AUTHORIZED EXECUTIVE OF THIS COMPANY.

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 Company.

Signature of Applicant

Date