



APPLICATION FOR EMPLOYMENT

P.O. Box 13607
Savannah, GA 31416
(912) 644-7500

EmployAbility is an equal opportunity employer. We do not discriminate with respect to employment based upon sex, race, creed, national origin, color, age, or disability. We are prepared to assist all applicants requiring accommodation in the application and/or interview process and will consider reasonable accommodations relative to the essential functions of our jobs for those individuals who are certified disabled. This application shall remain on file for one year.

TYPE OR PRINT CLEARLY IN INK AND SIGN APPLICATION WHEN COMPLETE
PLEASE COMPLETE ALL SECTIONS OF THIS APPLICATION

GENERAL INFORMATION

Last Name: _____ First Name: _____ M.I. _____
Street or Mailing Address: _____ Apartment No.: _____
City: _____ State: _____ Zip Code: _____ County: _____
Home Phone No.: _____ Work Phone No.: _____
Mobile Phone No.: _____ E-mail: _____

EMPLOYMENT ELIGIBILITY

Are you authorized to work in the United States? YES NO

Do you know any of our current employees or consumers? If yes, provide name and relationship. _____

How did you hear about this job? _____

TYPE OF WORK

Specific Job Title Sought: Choice 1 _____
Choice 2 _____

Are you able to perform the essential duties of this type of position with or without reasonable accommodations? YES NO

Are you currently employed? YES NO

Are you presently laid off to recall with another company? YES NO

When are you available to work? _____

Are you willing to meet our attendance requirements and be at work on time in accordance with the assigned schedule? YES NO

Are you willing to travel if required for this position? YES NO

In a few words, describe your strong points. _____

In a few words, describe your weak points. _____

Have you been bonded? YES NO

Are you willing to work: Overtime Holidays Weekends Evenings Nights

Is there any time you cannot work? _____

QUALIFICATIONS

What qualifications do you have that would make you a valuable employee?

Can you lift 25 lbs. or more? YES NO



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EDUCATION

High School graduate or equivalent (GED)? YES NO Date Completed: (MO/YY) _____

Vocational / Business School: No. of Months: _____ Date Completed: (MO/YY) _____

Field of Study: _____

Are you computer literate? YES NO

If so, with what software programs are you proficient? _____

COLLEGES / UNIVERSITIES (with addresses)	CITY / STATE	FIELD / AREA OF CONCENTRATION	Degree Type (BS / BA MA / PhD)	Degree Completion Date (MO/YY)
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Undergraduate: * _____

Graduate: * _____

Post-Graduate: * _____

* A TRANSCRIPT MAY BE REQUIRED IF APPLICABLE

LICENSES	NUMBER	TYPE	STATE LICENSED IN:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LANGUAGE SKILLS

Language: _____

Speak:	YES NO	YES NO	YES NO	Are you multilingual? YES NO
Read:	YES NO	YES NO	YES NO	Do you know sign language? YES NO
Write:	YES NO	YES NO	YES NO	

WORK HISTORY

NOTE: if you need more space than provided below, please make a copy of the next page and attach to the application. Describe your work history below beginning with your current or most recent job. If you worked for the same employer but held different jobs, describe each separately. Describe in detail the specific duties beginning with your primary duties. **Failure to give complete and detailed information regarding each job held may result in your disqualification from employment consideration.**

Current / Last Employer: _____ Your Job Title: _____

Employer's Address: _____ City / State / Zip: _____

Duration of employment: From (mo/yr) _____ To (mo/yr) _____ Hrs / Week _____

Circle all that apply: Volunteer Intern Paid

Related Computer Skills: _____

and types of employees you supervised: _____



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Describe your job duties in detail:

Your Supervisor's name and title:

Your Supervisor's phone number:

May we contact this employer? YES NO

Reason for leaving:

WORK HISTORY (continued)

Previous Employer:

Your Job Title:

Employer's Address:

City / State / Zip:

Duration of employment:

From (mo/yr)

To (mo/yr)

Hrs / Week

Circle all that apply:

Volunteer

Intern

Paid

Related Computer Skills:

and types of employees you supervised:

Describe your job duties in detail:

Your Supervisor's name and title:

Your Supervisor's phone number:

May we contact this employer? YES NO

Reason for leaving:

WORK HISTORY (continued)

Previous Employer:

Your Job Title:

Employer's Address:

City / State / Zip:

Duration of employment:

From (mo/yr)

To (mo/yr)

Hrs / Week

Circle all that apply:

Volunteer

Intern

Paid

Related Computer Skills:

and types of employees you supervised:

Describe your job duties in detail:

Your Supervisor's name and title:

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May we contact this employer? YES NO

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REFERENCES

	Name of Professional Reference (Supervisors Preferred)	Occupation/Company	Years Known	Phone No.
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

CERTIFICATION: Read carefully before signing and dating. Unsigned applications will not be processed.

I certify that all information on this application is correct. I authorize any agent or employee of the EmployAbility to verify this information and to release it to anyone who may consider me for employment. I understand that intentionally providing false information on this form or attachments is a violation of state law.

I understand that I will be required to take a post offer physical examination which will include a drug screening. I agree the examining authority may disclose the findings of this examination and drug screen to EmployAbility And that my initial employment is conditional upon meeting the requirements of this exam and drug-screen as established by the Agency.

I also release from any and all liability any person, school, agency, company, or organization giving and/or receiving any information requested by EmployAbility in connection with my applying for employment. This will include a comprehensive criminal background check that will contain information on your credit worthiness, character, personal interviews, and public sources.

I understand that all applicants will be the subject of an "FBI Criminal History Record Check", and I have the right to challenge the contents of my Criminal History Record Information if I choose to do so.

I understand that this employment application in no way implies an employment contract and if employed, my employment may be terminated by EmployAbility at any time with or without cause. The state of Georgia is an employment at-will state.

I have read and understand all the above.

Signature: _____ Date: _____

Individuals who have more than two accidents or moving violations in the past three years or have had a suspended or revoked driver's license in the past five years are prohibited from driving EmployAbility vehicles.

I authorize the Division of Motor Vehicles to furnish a copy of my driving record to EmployAbility at periodic intervals. This certifies that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature: _____ Date: _____



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DRIVERS LICENSE VERIFICATION

Name (please print): _____

Do you have a valid driver's license? YES NO Issuing state: _____ Expiration date: _____

Do you have a commercial driver's license? YES NO Issuing state: _____ Expiration date: _____

1. List the following information for each unexpired motor vehicle operator's license(s) you possess:

License number: _____ Issuing state: _____ Expiration date: _____

License number: _____ Issuing state: _____ Expiration date: _____

2. List all motor vehicle accidents that you were involved in during the three (3) years preceding the date of this application:

Date: _____ Nature of accident: _____

List fatalities or injuries: _____

Date: _____ Nature of accident: _____

List fatalities or injuries: _____

3. List all violations of motor vehicle laws or ordinances (excluding parking violations) that you were convicted of or forfeited bond or collateral during the seven (7) years preceding the date of this application:

4. List in detail any denials, revocations, or suspensions of any license, permit, or privilege you have had to operate a motor vehicle.

5. List the address (es) at which you resided during the three (3) years preceding the date of this application.

Dates at this address: _____ Address: _____ City, State, Zip: _____

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