



APPLICATION FOR EMPLOYMENT

15010 Abercorn Expressway
Savannah, Georgia 31419
(912) 925-1100

3051 Plantation Drive
Hardeeville, South Carolina 29927
(843) 784-2000

133 GA Hwy 57
Eulonia, Georgia 31331
(912) 832-3666

109 West Highway 80
Bloomingdale, Georgia 31302
(912) 748-7376

We are an Equal Opportunity Employer. It is our policy to abide by all Federal, State and local laws concerning discrimination in employment. No question in this application is intended to elicit information in violation of any such law nor will any information obtained in response to any question be used in violation of any such law.

(PLEASE PRINT)

Date of Application _____

Position(s) Applied For _____

Referral Source: Advertisement Friend Relative Walk-In
 Employment Agency Other _____

Name _____

Last

First

Middle

Address _____

Number

Street

City

State

Zip

Telephone () _____ Social Security Number _____

Area Code

If employed and you are under 18 can you furnish a work permit? Yes No

Have you filed an application here before? Yes No If yes, give date _____

Have you ever been employed here before? Yes No If yes, give date _____

Are you employed now? Yes No May we contact your present employer? Yes No

If hired, can you furnish proof you are legally entitled to work in the United States? Yes No

On what date would you be available to work? _____

Are you willing to work Full Time Part-Time Temporary Holidays Weekends Overtime All Shifts

Do you have a reliable means of getting to work? Yes No

Can you travel if a job requires it? Yes No

Do you have a CDL? Yes No

Have you been convicted of a crime, or plead guilty to a crime? Yes No (Conviction will not necessarily disqualify applicant from employment.)

If yes, please explain _____

(List date, crime, age at time and location for each conviction)

PERSONAL REFERENCES

Give name, address and telephone number of three references who are not related to you and are not previous employers.

Name and Occupation	Address	Phone Number

EDUCATION	High	College/University	Graduate/Professional	Military
School Name				Branch:
Years Completed (circle)	9 10 11 12	1 2 3 4	1 2 3 4	Date of Entry:
Diploma/Degree				Date of Discharge:
Course of Study				Final Rank:
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities				Military Specialty:
				Reserve Status:

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experiences such as specific office skills, machines used etc.

EMPLOYMENT HISTORY

Employer	Telephone	Dates Employed		WORK PERFORMED
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting	Final	
Supervisor				
Reason for Leaving				
Employer	Telephone	Dates Employed		WORK PERFORMED
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting	Final	
Supervisor				
Reason for Leaving				
Employer	Telephone	Dates Employed		WORK PERFORMED
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting	Final	
Supervisor				
Reason for Leaving				

Applicant's Statement

I understand and agree that as condition of my employment, I consent to provide a sample of my urine and/or blood and/or saliva for analysis in testing for the presence of drugs or alcohol at any time designated by the Company.

I understand this application is considered current for 90 days. If it want to be considered for employment after that time, I must renew my application in writing.

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

I authorize investigation of all statements entered in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment. I further understand said background check may also involve the Company's obtaining an Investigative consumer report on me which may cover such areas as my character and general reputation.

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 that I am required to abide by all rules and regulations of the Company.

Signature of Applicant

Date

OFFICE USE

Arrange Interview Yes No

Remarks: _____
