

F&P GEORGIA

Employment Application

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Dept.



APPLICANT INFORMATION

Last Name		First		M.I.		Date	
Street Address				Apartment/Unit #			
City			State		ZIP		
Phone			E-mail Address				
Date Available			Social Security No.				
Position Applied For			Type of Employment Desired	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/>			
Are you over 18?	Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you legally entitled to work in the USA?	Yes <input type="checkbox"/> No <input type="checkbox"/>			

EMPLOYMENT HISTORY

Company				Phone			
Address (Include City & State)				Supervisor			
Job Title			Starting Salary	\$	Ending Salary	\$	
Responsibilities							
Start Date		End Date		Reason for Leaving			

Company				Phone			
Address (Include City & State)				Supervisor			
Job Title			Starting Salary	\$	Ending Salary	\$	
Responsibilities							
Start Date		End Date		Reason for Leaving			

Company				Phone			
Address (Include City & State)				Supervisor			
Job Title			Starting Salary	\$	Ending Salary	\$	
Responsibilities							
Start Date		End Date		Reason for Leaving			

EDUCATIONAL BACKGROUND

	Name	Address (Include City & State)	# of Years	Graduated?	Program of Study
High School					
College					
Other					

SKILLS AND QUALIFICATIONS

List any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

REFERENCES

Name		Phone		Years Known		Personal or Business?	
Name		Phone		Years Known		Personal or Business?	

Can you operate any of the following manufacturing equipment?

Overhead Hoist	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Blank Press	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Boiler	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Transfer Press	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Die Repair	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Fork Trucks	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Welding	Yes <input type="checkbox"/> No <input type="checkbox"/>		What type?					
Are you licensed for any of the above?								

I understand that if I am employed, any misrepresentation or material mission made by me on this application will be sufficient cause for cancellatong of this application and for immediate discharge from the employer's service, whenever it is discovered.

This application is current for 90 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to complete a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notices, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the Employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

NOTICE TO APPLICANTS AND ASSOCIATES: Screening tests for illegal drug use will be required before hiring and during your employment here.

I give the employer the right to contact and obtain information from all references, employers, and educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering, and using such information and all other persons, corporations or organizations from furnishing such information.

By typing my name below, I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Name of Applicant		Date	
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Have you attached an additional sheet or resume?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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