



1550 Glynco Parkway, Brunswick, GA 31525
 912-280-0078 phone • 912-280-0187 Fax

Confidential Employee Application

| APPLICANT INFORMATION | | | | | | | | | | | |
|---|------------------------------------|-----------------------------|--|---------------------|--------------------------------|------------------------------|-----------------------------|------------------|------|------|--|
| Last Name | | | | | First | | | | M.I. | Date | |
| Street Address | | | | | | | | Apartment/Unit # | | | |
| City | | | | | State | | | | ZIP | | |
| Phone | | | | | E-mail Address | | | | | | |
| Date Available | | | | Social Security No. | | | | Desired Salary | | | |
| Position Applied for | Full Time <input type="checkbox"/> | | Part Time <input type="checkbox"/> | | Other <input type="checkbox"/> | | | | | | |
| Are you a citizen of the United States? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.? | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | | | | |
| Have you ever worked for this company? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when? | | | | | | | | |
| Have you ever been convicted of a felony? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain | | | | | | | | |
| How did you learn about our company? | | | | | | | | | | | |
| EDUCATION | | | | | | | | | | | |
| High School | | | | | Address | | | | | | |
| From | | To | | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | | | | |
| College | | | | | Address | | | | | | |
| From | | To | | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | | | | |
| Other | | | | | Address | | | | | | |
| From | | To | | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | | | | |
| REFERENCES | | | | | | | | | | | |
| <i>Please list three professional references.</i> | | | | | | | | | | | |
| Full Name | | | | | Relationship | | | | | | |
| Company | | | | | Phone | () | | | | | |
| Address | | | | | | | | | | | |
| Full Name | | | | | Relationship | | | | | | |
| Company | | | | | Phone | () | | | | | |
| Address | | | | | | | | | | | |
| Full Name | | | | | Relationship | | | | | | |
| Company | | | | | Phone | () | | | | | |
| Address | | | | | | | | | | | |



PREVIOUS EMPLOYMENT

| | | | | | | | |
|--|--|----|--|------------------------------|-----------------------------|---------------|----|
| Company | | | | | Phone | () | |
| Address | | | | | Supervisor | | |
| Job Title | | | | Starting Salary | \$ | Ending Salary | \$ |
| Responsibilities | | | | | | | |
| From | | To | | Reason for Leaving | | | |
| May we contact your previous supervisor for a reference? | | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | | |
| Company | | | | | Phone | () | |
| Address | | | | | Supervisor | | |
| Job Title | | | | Starting Salary | \$ | Ending Salary | \$ |
| Responsibilities | | | | | | | |
| From | | To | | Reason for Leaving | | | |
| May we contact your previous supervisor for a reference? | | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | | |
| Company | | | | | Phone | () | |
| Address | | | | | Supervisor | | |
| Job Title | | | | Starting Salary | \$ | Ending Salary | \$ |
| Responsibilities | | | | | | | |
| From | | To | | Reason for Leaving | | | |
| May we contact your previous supervisor for a reference? | | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | | |

MILITARY SERVICE

| | | | | | | | | |
|----------------------------------|--|--|--|--|-------------------|--|----|--|
| Branch | | | | | From | | To | |
| Rank at Discharge | | | | | Type of Discharge | | | |
| If other than honorable, explain | | | | | | | | |

DISCLAIMER AND SIGNATURE

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

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

| | | | | | | | |
|-----------|--|--|--|--|------|--|--|
| Signature | | | | | Date | | |
|-----------|--|--|--|--|------|--|--|