



P.O. Box 2658
Blairsville, Georgia 30514

(800) 636-3873
(706) 745-6540
Fax (706) 745-1450

Employment Application

Programs, services and employment are available equally to everyone. Please inform the Human Resources Department if you require reasonable accommodation to the application or interview.

Date: / /

APPLICANT DATA:

Position Applied for: _____

How were you referred to us: _____

Do you have a Georgia Work Ready Certificate? _____

Full Name: _____

LAST FIRST MIDDLE

Address: _____ City: _____ State: _____ Zip: _____

Phone: () Mobile/Beeper/Other Phone: _____ E-Mail Address: _____

Date available to start: _____ Social Security #: _____ Salary Requirement: _____

If you are under 18 and we require a work permit, can you furnish one? [] Yes [] No

If "No", please explain: _____

Have you ever worked for this company? [] Yes [] No If "Yes", when? _____

Are you a citizen of the United States? [] Yes [] No If not, do you have work papers? [] Yes [] No

Type of employment desired: [] Full-Time [] Part-Time [] Temporary [] Season

Have you ever plead "guilty" or "no contest" to or been convicted of a crime? [] Yes [] No

If "Yes", give dates and details: _____

Answering "Yes" to these questions does not constitute an automatic rejection to employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be a consideration.

Driver's license number, if applicable to position: _____ State: _____

EDUCATION:

High School: _____ Address: _____

of Years Completed: Did you graduate? [] Yes [] No Degree: _____

Major: _____ GPA: _____ Class Rank: _____

College/University: _____ Address: _____

of Years Completed: Did you graduate? [] Yes [] No Degree: _____

Major: _____ GPA: _____ Class Rank: _____

Other: _____ Address: _____

of Years Completed: Did you graduate? [] Yes [] No Degree: _____

Major: _____ GPA: _____ Class Rank: _____

REFERENCES:

Please furnish the names, addresses and telephone numbers of two people to whom you are not related and by whom you have been employed.

Name: _____ Phone: () _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Phone: () _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Phone: () _____

Address: _____ City: _____ State: _____ Zip: _____

SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICATIONS:

PREVIOUS EMPLOYMENT (begin with most recent position):

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____
Firm: _____ Address: _____
Phone: () _____ Supervisor: _____ Title: _____
Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____
Reason for Leaving: _____
May we contact this employer for reference? Yes No

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____
Firm: _____ Address: _____
Phone: () _____ Supervisor: _____ Title: _____
Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____
Reason for Leaving: _____
May we contact this employer for reference? Yes No

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____
Firm: _____ Address: _____
Phone: () _____ Supervisor: _____ Title: _____
Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____
Reason for Leaving: _____
May we contact this employer for reference? Yes No

SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: _____ Date: _____

PBI is a Drug Free Workplace -- ALL APPLICANTS WILL BE DRUG TESTED.
All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, or national origin.
(FAR 52.222-26 and 41CFR60)



P.O. Box 2658
 Blairsville, Georgia 30514
 (800) 636-3873
 (706) 745-6540
 Fax (706) 745-1450

EEO Information Form
 Employment Application Supplement

The information on this sheet regarding race, sex and age is needed for statistical purposes to meet federal reporting requirements on equal employment opportunity. This information is needed to analyze and assure compliance with city and federal Equal Employment Opportunity Laws. Your participation in this survey is voluntary and your replies will be kept confidential. This survey will be detached from your application form prior to review of qualifications and will be available only to authorized personnel for research and evaluation purposes.

Applicant Name: _____
 Position Applying For: _____ Exam No. _____

Sex: Male Female

Age: Under 20 20-39 40-65 66 and over

ETHNIC BACKGROUND

Please review all categories listed below. Determine the category which you believe best represents your ethnic background. Check one category only.

White: (not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa, the Middle East, the Indian subcontinent).

Black: (not of Hispanic origin) All persons having origins in any black racial groups.

Hispanic: All persons of Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

Asian or Pacific Islander: All persons having origins in any of the original peoples of the far East, southeast Asia, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.

Native American: (American Indian or Alaskan Native)

PBI is a Drug Free Workplace -- ALL APPLICANTS WILL BE DRUG TESTED.

*All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, or national origin.
 (FAR 52.222-26 and 41CFR60)*