

APPLICATION FOR EMPLOYMENT

Date \_\_\_\_\_

Houston County Association for Exceptional Citizens, Inc.

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Position Desired \_\_\_\_\_ Salary Desired \$ \_\_\_\_\_ per hour/year

Availability (please circle all that apply) Mon Tue Wed Thu Fri Sat Sun (shifts) - 1st 2nd 3rd

Are you at least 21 years of age? \_\_\_yes \_\_\_no Do you have a valid GA Driver's License? \_\_\_yes \_\_\_no

Do you have a current: CPR Certification \_\_\_ yes \_\_\_ no First Aid \_\_\_ yes \_\_\_ no CNA \_\_\_yes \_\_\_ no

Do you have any physical conditions which may limit your ability to perform the particular job for which you are applying? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

For driving/insurance purposes, do you have any incidents on your motor vehicle record within the past 5 years? \_\_\_ yes \_\_\_ no

For bonding purposes, have you been convicted of a felony within the past 5 years? \_\_\_ yes \_\_\_no

If yes, please explain: \_\_\_\_\_

(A conviction is not an automatic bar from employment)

Education

High School (Name/Location/State) \_\_\_\_\_

Last year Completed 1 2 3 4 Diploma \_\_\_\_\_ GED \_\_\_\_\_ Year \_\_\_\_\_

College (Name/Location/State) \_\_\_\_\_

Major \_\_\_\_\_ Degree Earned \_\_\_\_\_ # of Yrs. Completed \_\_\_\_\_

Business College/Vocational School (Name/Location/State) \_\_\_\_\_

Major/Training \_\_\_\_\_ Degree Earned \_\_\_\_\_ # of Yrs. Completed \_\_\_\_\_

Certificate Type \_\_\_\_\_ Certificate Date \_\_\_\_\_ Certificate No. \_\_\_\_\_

**Employment Information (current employer first)**

Company Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Supervisor Name/Title \_\_\_\_\_ Pay \_\_\_\_\_

Job Title \_\_\_\_\_ Dates of Employment from \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving \_\_\_\_\_ May we contact? \_\_\_ yes \_\_\_ no

Company Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Supervisor Name/Title \_\_\_\_\_ Pay \_\_\_\_\_

Job Title \_\_\_\_\_ Dates of Employment from \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving \_\_\_\_\_ May we contact? \_\_\_ yes \_\_\_ no

Company Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Supervisor Name/Title \_\_\_\_\_ Pay \_\_\_\_\_

Job Title \_\_\_\_\_ Dates of Employment from \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving \_\_\_\_\_ May we contact? \_\_\_ yes \_\_\_ no

Company Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Supervisor Name/Title \_\_\_\_\_ Pay \_\_\_\_\_

Job Title \_\_\_\_\_ Dates of Employment from \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving \_\_\_\_\_ May we contact? \_\_\_ yes \_\_\_ no

If you have worked under another name, please list: \_\_\_\_\_

**Personal References** (please list at least two—not former employers or relatives)

1. Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

City/State \_\_\_\_\_ # of years known \_\_\_\_\_

2. Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

City/State \_\_\_\_\_ # of years known \_\_\_\_\_



3. I agree that my employment may be terminated by HCAEC, Inc. at any time without liability for wage or salary except such as may have been earned at the date of such termination.
  
4. Although management makes every effort to accommodate individual preferences, business needs may, at times, make the following conditions mandatory: shift work, a rotating schedule, or work schedule other than Monday thru Friday. I understand and accept these conditions of my continuing employment.
  
5. I agree to submit to a physical examination, drug screen, TB test, fingerprint background check, motor vehicle check, and any other requirements mandated by the State of GA and Houston County Association for Exceptional Citizens, Inc. at time of employment and annually thereafter and I understand that my continued employment depends on my successfully passing them.

The information on this application is true to the best of my knowledge and I understand that my misstatement of facts, in case of employment, can be used for dismissal.

I further understand that this is an application for employment and that no employment contract is being offered. I also understand that if I am employed, such employment is for no definite period of time and that HCAEC, Inc. can change wages, benefits and conditions at any time.

I have read and understand the above:

\_\_\_\_\_  
Signature of Applicant \_\_\_\_\_  
Date

Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referred by (if applicable): \_\_\_\_\_