APPLICATION FOR EMPLOYMENT

Houston County Association for Exceptional Citizens, Inc.

| Name (Last) | (First) | | | (MI) |
|----------------------------------|--------------------------------------|-------------------|--------------------------|------------------------|
| Address | | | | |
| City | County | | State | Zip |
| Home Phone | | Alternate Phor | ne | |
| Position Desired | | Salary Des | Desired \$ per hour/year | |
| Availability (please circle a | ull that apply) Mon Tue | Wed Thu | Fri Sat Sun | (shifts) - 1st 2nd 3rd |
| Are you at least 21 years o | of age?yesno | Do you have a | a valid GA Driver' | s License?yesnc |
| Do you have a current: (| CPR Certification yes no | First Aid | yes no | CNAyes no |
| Do you have any physical | conditions which may limit your | ability to perfo | rm the particular j | ob for which you are |
| applying? If | yes, please explain: | | | |
| For driving/insurance purpo | ses, do you have any incidents on yo | our motor vehicle | record within the p | ast 5 years? yes n |
| For bonding purposes, ha | ve you been convicted of a felon | ny within the pas | t 5 years? y | resno |
| If yes, please explain: | | | | |
| (A conviction is not an autor | natic bar from employment) | | | |
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| | | | | |
| Education | | | | |
| <u>High School</u> (Name/Locatio | on/State) | | | |
| Last year Complete | ed 1 2 3 4 Diploma | GED _ | Year | |
| College (Name/Location/Sta | ite) | | | |
| Major | Degree Earned | | | # of Yrs. Completed |
| Business College/Vocational | School (Name/Location/State) | | | |
| Major/Training | Degree Ea | ırned | | # of Yrs. Completed |
| Cartificate Tyme | Cartificata Data | | Cont | rificata Na |

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 F | Phone () |
| City/State | # of years known |

| Please describe any work/volunteer/driving experiences that you believe would be helpful to you in performing the job for which you are applying (i.e. working with individuals with disabilities, driving, clerical work, etc.) | | | | | |
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Houston County Association for Exceptional Citizens, Inc. (HCAEC, Inc.) is an equal opportunity employer and selects the best matched individuals for the job based upon job related qualifications, regardless of race, color, religion, sex, ethnic/national origin, disability, ancestry, age, marital status, veteran status and any other basis protected by Federal, State or local laws.

I understand and agree that:

- 1. Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of, or if employed, termination from employment.
- 2. It is my understanding that HCAEC, Inc. will make a thorough investigation of my entire work history and may verify all data in my application for employment, related papers or any information requested by HCAEC, Inc. and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.

| 3. | I agree that my employment may be terminated by HCAEC, Inc. at any time without liability for wage | hat 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 m | ay, 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, mot | or 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 deper | nds on my successfully | | | | |
| | passing them. | | | | | |
| | formation on this application is true to the best of my knowledge and I understand that my misstateme rment, can be used for dismissal. | nt of facts, in case of | | | | |
| I furthe | er understand that this is an application for employment and that no employment contract is being offe | red. I also | | | | |
| underst | tand that if I am employed, such employment is for no definite period of time and that HCAEC, Inc. | can change wages, | | | | |
| benefits | s and conditions at nay time. | | | | | |
| I have 1 | read and understand the above: | | | | | |
| Signatu | are of Applicant | Date | | | | |
| Comm | ents: | | | | | |
| | | | | | | |
| Referre | ed by (if applicable): | | | | | |
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