



## EMPLOYMENT APPLICATION

**SOUTHWEST GEORGIA COMMUNITY ACTION COUNCIL, INC.**  
**P.O. BOX 3728 / 912 1<sup>st</sup> AVENUE S.E.**  
**MOULTRIE, GEORGIA 31776-3728**

Date \_\_\_\_\_ Position Applied for \_\_\_\_\_ Center \_\_\_\_\_

**PERSONAL DATA:** (Please **Print** Clearly)

Name  Mr. \_\_\_\_\_  
 Ms. \_\_\_\_\_  
 Mrs.                      Last                                      First                                      Middle

Mailing Address \_\_\_\_\_ Email Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**MILITARY SERVICE RECORD:** \_\_\_\_\_ N/A

Branch of Service \_\_\_\_\_ Number of Years Served \_\_\_\_\_ Dates Served \_\_\_\_\_

\_\_\_\_\_ Newly Separated Veteran                      \_\_\_\_\_ Vietnam Era Veteran  
 \_\_\_\_\_ Special Disabled Veteran                      \_\_\_\_\_ Other Protected Veteran

**EDUCATION INFORMATION:**

	Name and Address of School	Course of Study	Diploma / Degree Awarded (Yes / No); If Yes, Type of Diploma / Degree	If No Diploma / Degree, Number of Years Completed
High School				
College				
Other (Specify)				

**Describe any specialized training, apprenticeship, and/or skills you possess:**

\_\_\_\_\_  
 \_\_\_\_\_

**GENERAL INFORMATION:**

How did you learn about this job vacancy? \_\_\_\_\_

What foreign languages do you speak/read/write fluently? \_\_\_\_\_

Have you ever had, or do you now have, a child attending Head Start? \_\_\_\_\_

Have you ever been employed by this Agency? \_\_\_\_\_

Do you have a relative employed by this Agency? \_\_\_\_\_ NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ No \_\_\_\_\_ Yes If yes, explain: \_\_\_\_\_

\_\_\_\_\_

**FORMER EMPLOYERS:** List your last three employers, starting with the most recent: **(Complete All Blocks)**

Employer:	Phone:	From:	To:
Address: City, State, Zip		Position:	
Duties:		Supervisor's Name:	
		Starting Salary/Wages:	
Reason for Leaving:		Final Salary/Wages:	

Employer:	Phone:	From:	To:
Address: City, State, Zip		Position:	
Duties:		Supervisor's Name:	
		Starting Salary/Wages:	
Reason for Leaving: :		Final Salary/Wages:	

Employer:	Phone:	From:	To:
Address: City, State, Zip		Position:	
Duties:		Supervisor's Name:	
		Starting Salary/Wages:	
Reason for Leaving:		Final Salary/Wages:	

**REFERENCES:** List three references who are not your relatives or former employers as listed above:

Name	_____	Telephone	_____
Mailing Address	_____	City/State/Zip Code	_____
_____			
Name	_____	Telephone	_____
Mailing Address	_____	City/State/Zip Code	_____
_____			
Name	_____	Telephone	_____
Mailing Address	_____	City/State/Zip Code	_____
_____			

**CERTIFICATION/AUTHORIZATION**

I hereby certify that all entries on both sides, and attachments, are true and complete. I agree, and understand, that any falsification of information herein, including information given at the time of my physical (if required), regardless of time of discovery, may cause forfeiture on my part to any employment in the service of the agency.

I understand that all information on this application is subject to verification and I consent to a criminal history background check and a drug screening test. I also consent to references, former employers, and educational institutions listed being contacted regarding this application. I release my employers and all persons whomever of any damages resulting from furnishing said information.

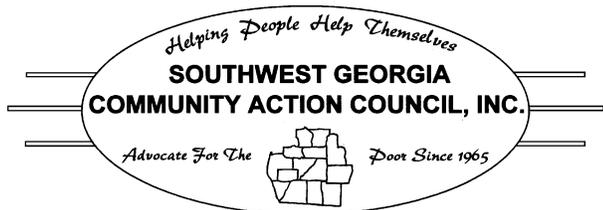
If selected for a position, I will give my medical history to an examining physician or public health nurse who will examine me and submit conclusions to the agency regarding my ability to perform the job under consideration effectively and without direct threat to the health or safety of others or myself.

I fully understand and agree that, if selected for a position, nothing in the hiring process, orientation, conditions of employment or employee printed materials shall imply that my employment is for any specific period of time or that I am guaranteed a job with the agency.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**EQUAL OPPORTUNITY EMPLOYER**

*Providing equal employment opportunities to all applicants and employees without regard to legally protected status such as race, color, religion, gender, national origin, age, disability, or veteran status.*



**Randy Weldon, Chief Executive Officer**  
 912 First Avenue S.E. / P. O. Box 3728  
 Moultrie, GA 31768-3728 / 31776  
 Telephone: 229-985-3610/Fax: 229-890-1056

## Employment Verification Form

**To Whom It May Concern:**

The applicant named below is being considered for employment as a \_\_\_\_\_ with our Agency. The applicant has listed you or your organization as a former place of employment. This signed form serves as a release authorization. Please provide the information requested and return this form to us via the fax number shown at the bottom of this page.

**SECTION I. COMPLETE BY THE APPLICANT AFTER THE INTERVIEW:**

Name of Former Employer: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Date(s) of Employment \_\_\_\_\_ Eligible for rehire (?): \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Position (s): \_\_\_\_\_  
 Reason Employment Ended: \_\_\_\_\_  
 Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION II. Former Employer Verification:**

Is the data above correct? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Explain: \_\_\_\_\_

Please rate the Applicant in each of the following areas:

Job Skill	Excellent	Good	Average	Below Average	Poor
Initiative	Excellent	Good	Average	Below Average	Poor
Attendance	Excellent	Good	Average	Below Average	Poor
Conduct	Excellent	Good	Average	Below Average	Poor

Would you rehire Applicant? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
 Signature Title Date

Telephone: 229-985-3610/Fax: 229-616-3161

Helping People Help Themselves in Baker • Calhoun • Colquitt • Decatur • Dougherty • Early • Grady • Lee  
 • Marion • Miller • Mitchell • Schley • Seminole • Sumter • Terrell • Thomas • Webster • Worth • Counties