|  |  |
| --- | --- |
|  | 15071 Veterans Memorial Hwy  Villa Rica, GA 30180  404-735-8764 |

# Employment Application

Reedwick is proud to be an Equal Opportunity Employer. All qualified applicants will receive consideration for employment regardless of race, color, religion, sex (including pregnancy, gender identity, and sexual orientation), national origin, age (40 or older), disability or genetic information. Veterans and Women friendly.

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Are you 18 years or older? | | YES | NO | Date of Birth: |  | |
| Address: |  | | | | |  |
|  | Street Address | | | | | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date Available: |  | Social Security No.: |  | Desired Salary: | $ |

|  |  |
| --- | --- |
| Position Applied for: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Are you a citizen of the United States? | YES | NO | If no, are you authorized to work in the U.S.? | YES | NO |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you ever worked for this company? | YES | NO | If yes, when? |  |

|  |  |  |
| --- | --- | --- |
| Are you prevented lawfully from becoming employed in this country because of visa or immigration status? | YES | NO |

## Background

|  |  |  |  |
| --- | --- | --- | --- |
| Have you ever been convicted of a felony? | YES | NO |  |

|  |  |
| --- | --- |
| If yes, explain: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Have you ever received a DUI? | YES | NO |  |

|  |  |
| --- | --- |
| If yes, explain: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Have you ever been arrested or received a misdemeanor? | YES | NO |  |

|  |  |
| --- | --- |
| If yes, explain: |  |

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| --- | --- | --- | --- |
| Do you consent to a background check? | YES | NO |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Have you ever had your license revoked/suspended? | YES | NO |  |

|  |  |
| --- | --- |
| If yes, when and why: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Have you been to defensive driving? | YES | NO |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Do you have CDL? If so, A or B? | A | B | NO |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| If not, will you commit to getting CDL? | YES | NO |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Do you have a DOT physical? | YES | NO |  |
|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| If not, is there any reason you would not pass a DOT physical? | YES | NO | If yes, explain. |  |

## Education

|  |  |  |  |
| --- | --- | --- | --- |
| High School: |  | City, State: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? IP | YES | NO | Diploma or GED (circle one) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| College: |  | City, State: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? IP | YES | NO | Degree: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Other: |  | City, State: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? IP | YES | NO | Degree: |  |

Subjects of special study or research work:

## References

Please list three professional references.

|  |  |  |  |
| --- | --- | --- | --- |
| 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 | NO |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 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 | NO |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 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 | NO |  |

## 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 interviews will result in my release.

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