

# EMPLOYMENT APPLICATION



## GEORGIA NATIONAL FORMS

2020 Avalon Parkway, Suite 105

McDonough, GA 30253

Ph 770-320-7630/888-320-7630

FAX 888-320-7631

Thank you for your interest in our organization. Georgia National Forms is an Equal Employment Opportunity employer. Qualified applicants will be considered without regard to race, religion, color, national origin, sex, age, creed, marital status and mental or physical disability.

### PERSONAL DATA:

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ INITIAL \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_  
Street City/Town State Zip Code

PHONE NUMBER ( ) \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

### JOB INFORMATION:

POSITION(S) APPLIED FOR: \_\_\_\_\_ DATE: \_\_\_\_\_

- Please indicate preference \_\_\_\_\_ full time \_\_\_\_\_ part time. If part time is preferred, specify days and hours available \_\_\_\_\_
- Salary/Wage desired \$ \_\_\_\_\_ per \_\_\_\_\_ hour \_\_\_\_\_ month \_\_\_\_\_ year
- Please check which shift(s) you are able to work \_\_\_\_\_ 1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd Which shift(s) do you prefer? \_\_\_\_\_
- If required, are you willing to work overtime? \_\_\_\_\_
- If selected, when would you be available for employment? \_\_\_\_\_
- Have you ever been employed by us? \_\_\_\_\_ If yes, provide dates: from \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_
- Are you currently on a lay off and subject to recall? \_\_\_\_\_
- Will you relocate if job requires it? \_\_\_\_\_ Will you travel if job requires it? \_\_\_\_\_

**EDUCATION**

SCHOOL NAME & ADDRESS	Attendance Dates		Major/Minor or Course	Date Graduated	Degree, Diploma or Certificate?
	From	To			
High School	<del> </del>	<del> </del>	<del> </del>	<del> </del>	
College/University					
Advanced Study					
Business, Vocational, or other educ.					

**U.S. MILITARY SERVICE (if applicable)**

Date Entered _____ / _____	Branch of Service	Occupation
Date Separated _____ / _____	Rank and Rate of Pay at Separation _____ \$ _____ hour/week/month (rank)	

**GENERAL INFORMATION**

- Are you legally eligible for employment in the U.S.? \_\_\_\_\_ (Federal law requires proof of U.S. citizenship or immigration status if employed.)
- Have you ever been convicted of a felony? \_\_\_\_\_ (A conviction record will not necessarily be a bar to employment as age and date of offense, seriousness, nature of violation, rehabilitation, and nature of job opening will be taken into account.)  
If yes, please give date(s) and explanation of conviction(s):

**OFFICE/  
CLERICAL/  
GRAPHICS  
APPLICANTS:**

Typing Speed \_\_\_\_\_ wpm

What other office machines/equipment can you operate and to what extent? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What computer systems and software applications are you familiar with and extent of ability you are able to operate them? \_\_\_\_\_  
\_\_\_\_\_

**PRODUCTION  
APPLICANTS**

List machines or equipment you have operated and extent of ability you are able to operate: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER SKILLS AND  
QUALIFICATIONS:**

Summarize other skills and qualifications acquired from employment or other experiences that may qualify you for a position with our company. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List activities, hobbies, civic or professional organizations, offices held, athletics and other interests that may relate to position applied for (exclude those which indicate sex, race, religion, national origin, age, or other protected status) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EMPLOYMENT HISTORY - Begin with MOST RECENT or CURRENT EMPLOYER

Most Recent Employer Name	Telephone (____) _____	If currently employed, may we call you at this number? ___ yes ___ no
Address	Date Hired: (mth/yr) _____	
City _____ State _____ Zip _____	Starting Wage/Salary: \$ _____ hr/wk/mth	Date left or leaving: (mth/yr) _____
Starting Job Title	Current/Ending Job Title	Current/Ending Wage/ Salary \$ _____ hr/wk/mth
Name and Title of Immediate Supervisor	Reason for Leaving or Desire to Leave:	_____ Full Time _____ Part Time
Briefly describe your responsibilities:	May we contact for a reference? ___ yes ___ no	
_____		
_____		

Employer Name	Telephone (____) _____	May we contact for a reference? ___ yes ___ no
Address	Date Hired: (mth/yr) _____	Date left: (mth/yr) _____
City _____ State _____ Zip _____	Starting Wage/Salary: \$ _____ hr/wk/mth	Ending Wage/Salary: \$ _____ hr/wk/mth
Starting Job Title	Ending Job Title:	_____ Full Time _____ Part Time
Name and Title of Immediate Supervisor	Reason for Leaving:	_____
Briefly Describe your responsibilities:	_____	
_____		

Employer Name	Telephone (____) _____	May we contact for a reference? ___ yes ___ no
Address	Date Hired: (mth/yr) _____	Date left: (mth/yr) _____
City _____ State _____ Zip _____	Starting Wage/Salary: \$ _____ hr/wk/mth	Ending Wage/Salary: \$ _____ hr/wk/mth
Starting Job Title	Ending Job Title:	_____ Full Time _____ Part Time
Name and Title of Immediate Supervisor	Reason for Leaving:	_____
Briefly Describe your responsibilities:	_____	
_____		

Employer Name	Telephone (____) _____	May we contact for a reference? ___ yes ___ no
Address	Date Hired: (mth/yr) _____	Date left: (mth/yr) _____
City _____ State _____ Zip _____	Starting Wage/Salary: \$ _____ hr/wk/mth	Ending Wage/Salary: \$ _____ hr/wk/mth
Starting Job Title	Ending Job Title:	_____ Full Time _____ Part Time
Name and Title of Immediate Supervisor	Reason for Leaving:	_____
Briefly Describe your responsibilities:	_____	
_____		

COMMENTS: (include explanation of any gaps in employment or other pertinent information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REFERENCES: List three business/work references who are familiar with your occupational skills. DO NOT INCLUDE RELATIVES.

Name	Yrs Known	Name	Yrs Known	Name	Yrs Known
Occupation		Occupation		Occupation	
Telephone No. ( )		Telephone No. ( )		Telephone No. ( )	
Business Address		Business Address		Business Address	

**SUMMARY**

Occasionally, the format of an employment application makes it difficult for an individual to adequately summarize his/her complete background. To assist in finding the proper position for you, please use the space below to include any additional information necessary to describe your full qualifications.

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The information provided in this Employment Application is true, correct, and complete, and I authorize Georgia National Forms to investigate the accuracy and completeness of all statements contained in this application for employment, if job related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information. Any misrepresentation of facts in my application or interview(s) disqualifies me from further consideration, or if I am employed, is sufficient cause for immediate discharge.

Furthermore, I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Georgia National Forms is "at will" which means that the Employee may resign at any time and Georgia National Forms may discharge the Employee at any time with or without cause. This "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of Georgia National Forms.

To be employed, I must be lawfully authorized to work in the United States, and I must show Georgia National Forms documents that will prove my eligibility. Additionally, I understand that nothing contained in this application or in the granting of an interview is intended to create an employment contract between Georgia National Forms and myself for either employment or for providing any benefit. No promises regarding employment have been made to me, and I understand that no promise or guarantee is binding upon Georgia National Forms unless made in writing.

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

**HUMAN RESOURCES/GENERAL MANAGER USE**

Interviewed by and date (1) \_\_\_\_\_ / \_\_\_\_\_ (2) \_\_\_\_\_ / \_\_\_\_\_ (3) \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ meets position requirements  
 \_\_\_\_\_ does not meet requirements of position

Comments, including reason(s) applicant does or does not meet position requirements: \_\_\_\_\_

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Date of offer \_\_\_\_\_ Start Date \_\_\_\_\_ Starting Rate \_\_\_\_\_

Job Title \_\_\_\_\_ Dep't. \_\_\_\_\_