REHABILITATION INDUSTRIES OF NORTHEAST GEORGIA

APPLICATION FOR EMPLOYMENT

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Position Applied For		Date	of Application
How Did You Learn About Us? Advertisement Employment Agency	Friend	Walk-In Other	
Last Name	First Name		Middle Name
Address Street	City	State	Zip Code
Email Address			
Home Telephone Number Cell Telephone Number			
If you are under 18 years of age, can y eligibility to work? (You must be at			
Have you ever filed an application wi (If yes, please give date)	th us before?	Y	esNo
Are you currently employed May we contact your present employe	er?	Y	es No es No
Are you legally eligible for employme (Proof of citizenship or immigration s		upon employment)	es No
On what date would you be available Are you available to work: Full T	for work?Part 7	Time Tempo	orary
Are you currently on "lay-off" status	and subject to recall?		
Can you travel offsite if a job requires	s it?	Y	esNo
Have you been convicted of a felony (Conviction will not necessarily disqu If yes, please explain	alify an applicant fro		esNo

**WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, CREED, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, MARITAL OR VETERAN STATUS, OR ANY OTHER LEGALLY PROTECTED STATUS.

EDUCATION

High School Attended:	 Graduate	
(Years Completed)		
College Attended:	 Diploma/Degree	
(Years Completed)	 	

Describe any specialized training, apprenticeship, skills and extra-curricular activities

State any additional information you feel may be helpful to us in considering your application:

Indicate any foreign languages you can speak, read and/or write:

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List any professional, trade, business or civic activities and offices held:

You may exclude memberships, which would reveal sex, race, religion, national origin, age, ancestry, disabilities, or other protected status:

1)	
2)	

REFERENCES

Give name, address, and telephone number of three references who are not related to you and are not previous employers:

1)	
2)	
3)	

THIS SECTION OF INFORMATION SUBMITTED STRICTLY ON A VOLUNTARY BASIS BY APPLICANT:

Are there any work-related duties that would endanger or aggravate a known health problem you may have? ____ Yes ____ No ____ If yes, please list: ______

Signature of Applicant

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

Employer	Dates Employed	Work Performed
Address	From:	
	To:	
City/State		
Telephone No.	Hourly Rate/Salary	
Job Title	Starting:	
	Final:	
Reason for Leaving		
Employer	Dates Employed	Work Performed
Address	From:	
	To:	
City/State		
Telephone No.	Hourly Rate/Salary	
	Starting:	
	Final:	
Reason for Leaving		
Employer	Dates Employed	Work Performed
Address	From:	
	To:	
City/State		
Telephone No.	Hourly Rate/Salary	
	Starting:	
	Final:	
Reason for Leaving		
Employer	Dates Employed	Work Performed
Address	From:	
	To:	
City/State		
Telephone No.	Hourly Rate/Salary	
	Starting:	
	Final:	
Reason for Leaving		

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "*at will*" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that 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 this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant	Date
FOR PERSONNEL DEPARTMENT USE (DNLY
Arrange Interview Yes No	
Remarks	
Employed Yes No Date of Employment	
Job Title Hourly Rate/Salary	
By:Name and Title	Date
NOTES	