

Signature

Please read the following statements carefully. Sign only after the entire application has been completed and checked for accuracy.

I hereby certify that all statements made by me on this application (and accompanying resume, if any) are true and complete to the best of my knowledge and that I have withheld nothing that would affect this application unfavorably. I understand that misrepresentations or omissions may be cause for rejection or may be cause for subsequent dismissal if I am hired.

Unless otherwise noted, I hereby consent to having JOBS AMERICA contact anyone that it deems appropriate to investigate or verify

Any information I have given, or to discuss my background, past performance or suitability for employment. Further, I Hereby authorize my present and former employer(s), reference(s) and any other individual or organization to provide in- formation solicited by the Company, and I hereby release and discharge each of the above, including the Company from any liability of kind ornature.

I understand that offers of employment may be contingent upon passing a pre-employment drug test and/background check.

I agree that my employment and compensation can be terminated with or without cause, and with or without notice, at any time at the option of either the Company or myself. I understand that no recruiter or other company representative, other than the President and CEO of the Company has the authority to enter into any agreement or contract for employment for any specified period of time, or to make any agreement that contradicts the above.

Application Submitted By

Submission Date

Signature

Date

JOBS AMERICA is committed to the principles of Equal Employment Opportunity and Affirmative Action.

All employment activities are conducted in an equal and equitable fashion, irrespective of color, race, sex, marital status, religion, national origin, age, disability, Vietnam era veteran, special disabled veteran, other eligible veteran or recently separated veteranstatus.



Employment Application

Personal Information

Important: Before filling out application, please download and save blank copy first.

		Social Security Number	
Last Name	First Name	Middle Initial	
Street Address	City	State/Zip	
Daytime Phone Number	Evening Phone Number	BestTime to call	E-Mail Address (if available)
Alternate Contact Name	Phone Number		
Are you authorized to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Have you ever been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If YES, state location, nature and date of conviction			

Employment Info

Position applied for	<small>If no position specified, you will be considered for a Customer Service Representative position</small>	When could you start?
Employment preference: This application is for part time employment		
Referred to our company?		
<input type="checkbox"/> Career Booth at Student Services		
<input type="checkbox"/> GSU Student Word of Mouth _____ <small>Name</small>		
<input type="checkbox"/> Panther Career Website		
Panther ID Number _____		
Current GPA _____		
Are you now, or planning to obtain Student Loans or Financial Aid? <input type="checkbox"/> YES <input type="checkbox"/> NO		

Work History

May we contact this employer? YES NO

Name of most recent/present employer		Address: Street		City	State/Zip	
Phone Number	Immediate Supervisor		Duties			
Job Title						
Date Started	Date Left	Starting Pay				Final Pay
Reason for leaving						
Name on Employment Records (if different)						

May we contact this employer? YES NO

Name of most recent/present employer		Address: Street		City	State/Zip	
Phone Number	Immediate Supervisor		Duties			
Job Title						
Date Started	Date Left	Starting Pay				Final Pay
Reason for leaving						
Name on Employment Records (if different)						

May we contact this employer? YES NO

Name of most recent/present employer		Address: Street		City	State/Zip	
Phone Number	Immediate Supervisor		Duties			
Job Title						
Date Started	Date Left	Starting Pay				Final Pay
Reason for leaving						
Name on Employment Records (if different)						

Education

Name & Address of School	Major	Years of Study	Graduate	GPA
High School				
College				
Other				

Please list any languages (other than English) which you speak.

Please list scholastic honors, honorary organizations & scholarships (indicate offices held), extra curricular supervisory or leadership positions held, professional licenses and certificates, campus fraternities, sororities, societies or other organizations and offices held.

References

Please list only professional/business references.

Name	Name	Name
Address	Address	Address
Occupation	Occupation	Occupation
Telephone	Telephone	Telephone
Relationship	Relationship	Relationship

Military Service

Armed Forces Service? YES NO

If YES, from _____ to _____
 Branch of Service _____ Highest rank achieved _____

Describe duties and skills acquired
