

61 Hospital Road • Newnan, Georgia 30263

Phone: 770-253-1189 • Fax: 770-304-9652

[www.rutledgecenter.org](http://www.rutledgecenter.org)

**APPLICATION FOR EMPLOYMENT**

Note: Prospective employees will receive consideration without discrimination because of race, color, sex, age, national origin, religion, disability status, sexual orientation, gender identity or expression, genetic information, or marital status.

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| --- | --- | --- | --- |
| Last Name: | First Name: | | M.I. |
| Street Address: | | Daytime Phone: | |
| City/State/Zip: | | Email: | |
| Have you ever applied for employment with us? oYes oNo | | Preferred Method of Contact: Phone / Email / Other | |
| Job Position desired: | | Desired Wages: | |
| Are you available for full-time work? o Yes oNo  If not, what hours can you work? | | Are you over 18 years of age? oYes oNo | |
| When will you be available to begin work? | |
| Have you ever been convicted of a felony? oYes oNo **If yes, attach explanation and describe in full**. | | | |
| Some jobs require heavy lifting. Do you have any physical limitations which prevent you from performing certain jobs? **£**Yes **£**No  If yes, please explain limitation. | | | |

**EDUCATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name & Location of School** | **Field / Area of Concentration** | **Did you Graduate?** | **Type of Degree or Diploma earned** |
| College/University |  |  |  |  |
| High School |  |  |  |  |
| Other |  |  |  |  |
| **LANGUAGE SKILLS: Check any which apply to you.** oMultilingual (Specify language) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ oSign Language | | | | |
| **List special training or skills** (i.e. computer, office machines, first aid/CPR, etc.): | | | | |

|  |  |
| --- | --- |
| **MILITARY SERVICE** | **GEORGIA LICENSES & CERTIFICATIONS** |
| Branch: Rank: | Current Valid Driver’s License: **o** Yes **o** No **o**CDL |
| Period of Active Duty: From: To: | Other: |

|  |
| --- |
| In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification form upon hire.  The information provided in this Application for Employment is complete, true and correct. If employed, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create an obligation upon the employer to continue to employ me in the future.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date Applicant’s Signature** |

Application – 04/2021

**EMPLOYMENT HISTORY**

Please give accurate and complete full-time and part-time employment records. Begin with present or most recent employer.

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| --- | --- | --- |
| 1 | Company Name: | Telephone: |
| Address: | Dates of Employment:  \_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ |
| Supervisor’s Name: | Starting Pay: \_\_\_\_\_\_\_\_\_\_ End: \_\_\_\_\_\_\_\_\_\_\_  ⁫ per hour ⁫ week ⁫ bi-weekly ⁫ month ⁫ year |
| Your Job Title: | Reason for Leaving: |
| Describe Job Responsibilities: | |
|  | |
| May we contact this employer? oYes oNo | |

|  |  |  |
| --- | --- | --- |
| 2 | Company Name: | Telephone: |
| Address: | Dates of Employment:  \_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ |
| Supervisor’s Name: | Starting Pay: \_\_\_\_\_\_\_\_\_\_ End: \_\_\_\_\_\_\_\_\_\_\_  ⁫ per hour ⁫ week ⁫ bi-weekly ⁫ month ⁫ year |
| Your Job Title: | Reason for Leaving: |
| Describe Job Responsibilities: | |
|  | |
| May we contact this employer? oYes oNo | |

|  |  |  |
| --- | --- | --- |
| 3 | Company Name: | Telephone: |
| Address: | Dates of Employment:  \_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ |
| Supervisor’s Name: | Starting Pay: \_\_\_\_\_\_\_\_\_\_ End: \_\_\_\_\_\_\_\_\_\_\_  ⁫ per hour ⁫ week ⁫ bi-weekly ⁫ month ⁫ year |
| Your Job Title: | Reason for Leaving: |
| Describe Job Responsibilities: | |
|  | |
| May we contact this employer? oYes oNo | |

|  |  |  |  |
| --- | --- | --- | --- |
| **FOR EMPLOYER’S USE ONLY**  REFERENCE CHECK | | | |
|  | Employer | Person Contacted | Results |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| INTERVIEW RESULTS & NOTES | | | |
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Application – 04/2021