



THE SOLUTION TO YOUR HOLE PROBLEM

APPLICATION OF EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability, or national origin. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

PERSONAL INFORMATION

DATE _____ NAME _____
LAST FIRST MIDDLE

PERMANENT ADDRESS _____
STREET CITY STATE ZIP

HOME PHONE _____ CELL PHONE _____

REFERRED BY _____ Are you 18 years of age or older? Y N

DESIRED EMPLOYMENT

POSITION _____ START DATE _____ DESIRED SALARY _____

ARE YOU CURRENTLY EMPLOYED? _____

IF YES, MAY WE CONTACT YOUR PRESENT EMPLOYER? _____

HAVE YOU APPLIED TO US BEFORE? WHEN? _____

EDUCATION

	Name & Location of School	Year Completed	Did you Graduate?	Degrees Received
Grammar				
High School				
College				
Trade, Business or Correspondence School				

GENERAL

SUBJECTS OF SPECIAL STUDY _____

JOB RELATED SKILLS _____

FORMER EMPLOYERS List below your last four employers, starting with the most recent one first.

DATE Month and Year	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM TO				
FROM TO				
FROM TO				

REFERENCES List below three persons not related to you, whom you have known at least one year.

NAME	ADDRESS	PHONE NUMBER	POSITION	YEARS



1695 Old Covington Rd NE
Conyers, GA 30013

P 770-483-1231
F 770-483-1044

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IF YOU ARE TO BE HIRED BY THE COMPANY, YOU WILL BE REQUIRED TO ATTEST TO YOUR IDENTITY AND EMPLOYMENT ELIGIBILITY, AND TO PRESENT DOCUMENTS CONFIRMING YOUR IDENTITY AND EMPLOYMENT ELIGIBILITY. YOU CANNOT BE HIRED IF YOU CANNOT COMPLY WITH THESE REQUIREMENTS.

AUTHORIZATION

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation of this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company.

I understand that any employment is conditioned on a background check. I authorize the Company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and with our prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing.

If I am offered employment I agree to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from by personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all Company work rules, policies, and procedures. The Company retains the right to revise its policies or procedures, in whole or in part, at any time.

DATE _____

SIGNATURE _____