
We are pleased that you are interested in employment with us. We offer equal opportunities to all persons without regard to race, color, religion, age, sex, national origin, disability, or veteran status. Please complete this application form in ink in your own handwriting. Answer all questions fully since all statements made by you may be checked for accuracy. We will give this application every consideration; however, accepting it does not imply a commitment of employment. If assistance is needed to complete this application, please let us know.

Date _____

Social Security Number: XXX - XX - _____ (last 4 digits only)

Name _____ Phone _____
Last First Middle

Present Address _____
Street City State Zip

Previous Address (if at present address less than one year)

_____ Street City State Zip

Email Address _____

Are you over the age of 18? () Yes () No – If no, employment subject to verification of minimum legal age by age certificate or work permit.

Do you have the legal right to live and work in the U.S.? () Yes () No – If not a U.S. citizen, please provide proof that you can legally be employed in the United States (INS Forms I-94, I-551, etc.). If hired, proof of identity and authorization to work in the United States will be required, within three days. We are an E-Verify employer.

Do you have steady transportation to work? () Yes () No

If applying for a position requiring the driving of a motor vehicle, do you have a valid license for the type vehicle to be operated? () Yes () No – If yes, Expiration date _____

License number _____ State of issue _____

Have you been convicted of a felony since the age of 18 or within the last five years? () Yes () No

If yes, state details (date, court, offense, place of occurrence)

Have you ever held a position of trust (handling monies, securities or confidential material)? () Yes () No

Have you ever been bonded? () Yes () No

Is there anything that would prevent you from satisfactorily performing the job applied for, either with or without reasonable accommodation? () Yes () No – If yes, please explain _____

Position applied for _____

Do you wish: full-time work _____ part-time work _____ temporary _____

Date available for employment _____ Hours available _____

Have you ever applied for employment with us before? () Yes () No

If yes, when? _____

How were you referred to us? _____

Are you presently employed? _____

If now employed, may we contact your present employer? _____

Why do you desire to make a change in employment at this time? _____

Have you ever been discharged or asked to resign from a position? () Yes () No

If so, explain _____

EDUCATION

Type of School	Name	Major Course of Study	Mark Year Completed				Graduate
Elementary	*****	*****	5	6	7	8	*****
High School		*****	9	10	11	12	
Vocational/ Business School			1	2	3	4	
College			1	2	3	4	
Graduate School			1	2	3	4	
Other (Specify)			1	2	3	4	

Describe any other specialized professional training: _____

SPECIAL QUALIFICATIONS

Specify professional designations, certifications, licenses or registrations held _____

List equipment that you can operate: (with or without reasonable accommodation)

Other skills which would be of assistance in determining qualifications for employment _____

EMPLOYMENT RECORD (Start with present or last employer and work back. Be sure to list a phone number for each employer.)

Employer's name and address _____

Dates of employment: From _____ To _____

Job title _____ Salary: Start _____ End _____

Reason for leaving _____

Name of Supervisor _____ Phone _____

Duties in brief _____

Employer's name and address _____

Dates of employment: From _____ To _____

Job title _____ Salary: Start _____ End _____

Reason for leaving _____

Name of Supervisor _____ Phone _____

Duties in brief _____

Employer's name and address _____

Dates of employment: From _____ To _____

Job title _____ Salary: Start _____ End _____

Reason for leaving _____

Name of Supervisor _____ Phone _____

Duties in brief _____

Employer's name and address _____

Dates of employment: From _____ To _____

Job title _____ Salary: Start _____ End _____

Reason for leaving _____

Name of Supervisor _____ Phone _____

Duties in brief _____

PERSONAL REFERENCES (List three personal references with phone numbers – not former employers or relatives)

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

I authorize The Jones Center at Ichauway to check my statements, schools, former employers and references. I certify all the information on this application to be true and agree that any misrepresentation or concealment of a material fact will be sufficient charge for dismissal.

If employed by the Center, I agree to abide by its policies and regulations. I understand the first six months of employment, unless otherwise stated, are considered a period of adjustment and that I am on probationary status until I have demonstrated to the satisfaction of management my ability to fill the position under consideration. **Georgia is an at-will employment state, thus employment is strictly at-will, and is not governed by an oral or written contract, and can be terminated at any time, with or without cause or advance notice by either party.** If my services prove unsatisfactory, I am subject to dismissal without advance notice and forfeiture of salary beyond date of dismissal. Further, I understand that my employment is not for a stated period and is not a contractual obligation of the Center. The Jones Center at Ichauway is an **Equal Employment/Affirmative Action/E-Verify Employer.**

(Signature of applicant)
Electronic Signatures will also be accepted

DO NOT WRITE BELOW THIS LINE

Interviewed by _____
Name Title Date

Interviewed by _____
Name Title Date

Comments _____

Date employed _____ Title _____

Department _____ Salary _____

Approved by _____ Date _____

VOLUNTARY SELF-IDENTIFICATION

The information requested below is used by the Joseph W. Jones Ecological Research Center, Ichauway, Inc. only to maintain records required of employers doing business with the federal government. **YOU DO NOT HAVE TO ANSWER THESE QUESTIONS TO BE CONSIDERED FOR EMPLOYMENT WITH Joseph W. Jones Ecological Research Center, Ichauway, Inc.** If you do choose to answer these questions, any information supplied by you on this voluntary self-identification form will not affect your employment opportunities with Joseph W. Jones Ecological Research Center, Ichauway, Inc., which is an equal employment opportunity employer.

Name: _____

Date of Application: _____

Job Applied For: _____

Referral Source: _____

Race/Ethnicity:

- American Indian or Alaska Native
- Asian
- Black or African-American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White or Caucasian
- Two or More Races
- I do not wish to disclose this information

Gender:

- Male
- Female
- I do not wish to disclose this information

Veteran Status:

- I am a veteran
- I am not a veteran
- I do not wish to disclose this information