

APPLICATION FOR EMPLOYMENT

Employees of Oglethorpe of Georgetown and applicants for employment shall be afforded equal opportunities in all aspects of employment without regard to race, color, religion, political affiliation, sexual orientation, national origin, disability, marital status, gender or race.

DATE: _____

PERSONAL INFORMATION

NAME (LAST, FIRST, M.I.)		EMAIL ADDRESS	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE #	REFERRED BY		

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? ___ YES ___ NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? ___ YES ___ NO	
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? ___ YES ___ NO	WHERE?	WHEN?

EDUCATION

NAME AND LOCATION OF SCHOOL	DID YOU GRADUATE	DEGREE
HIGH SCHOOL		
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL		
COLLEGE		
GRADUATE/PROF.		
IF YOU EXPECT TO COMPLETE AN EDUCATIONAL PROGRAM IN THE NEAR FUTURE, PLEASE INDICATE WHAT TYPE OF DEGREE OR PROGRAM AND EXPECTED COMPLETION DATE:		

PREVIOUS EMPLOYMENT: (BEGIN WITH MOST RECENT)

JOB TITLE	COMPANY	SUPERVISOR
ADDRESS	CITY/STATE/ZIP CODE	PHONE
DUTIES AND RESPONSIBILITIES		
DATES OF EMPLOYMENT	ENDING SALARY	EQUIPMENT/SOFTWARE USED
REASON FOR LEAVING	MAY WE CONTACT YOUR SUPERVISOR?	

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LICENSE/CERTIFICATIONS

<u>TYPE</u>	<u>LICENSE/CERTIFICATION #</u>	<u>EXPIRATION DATE</u>	<u>GRANTED BY</u>

REFERENCES (LIST NAMES, ADDRESSES AND RELATIONSHIPS OF THREE PERSONS NOT RELATED TO YOU WHO KNOW OUR QUALIFICATIONS)

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>	<u>RELATIONSHIP</u>

SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICATIONS:

CERTIFICATION: I CERTIFY THAT MY ANSWERS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND I AGREE AND UNDERSTAND THAT ANY FALSIFICATION OF INFORMATION HEREIN, REGARDLESS OF TIME OF DISCOVERY, MAY CAUSE FORFEITURE ON MY PART OF ANY EMPLOYMENT WITH OGLETHORPE OF GEORGETOWN. I UNDERSTAND THAT ALL INFORMATION ON THIS APPLICATION IS SUBJECT TO VERIFICATION. I ALSO CONSENT TO REFERENCES AND FORMER EMPLOYERS AND EDUCATIONAL INSTITUTIONS LISTED BEING CONTACTED REGARDING THIS APPLICATION.

DATE:	APPLICANT SIGNATURE:
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