216 N Ralph St, Claxton, GA 30417 (912) 739-1632 (912) 739-1639 Fax email: rcr@rcrclaxton.com

Signature



## **JOB APPLICATION**

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|--|--------------------|--|--------------|
| APPLICANT INFORMATION:   |                    |  |              |
| LAST NAME  |                    | SSN  |              |
| FIRST NAME & MIDDLE INITIAL  |                    | DATE OF BIRTH                                |              |
| STREET ADDRESS   |                    | PHONE 1                                      |              |
| CITY/STATE/ZIP CODE  |                    | PHONE 2                                      |              |
| Are you 18 or older?   | Yes or No:         | Email Address                                |              |
| Military Service:  | Yes or No: Branch: | Entitled to work in the US?                  | Yes or No:   |
| Are you a Veteran:   | Yes or No:         | If yes, which war?                           |              |
| Convicted of a felony:   | Yes or No:         | If yes, please explain.                      |              |
| What position are you applying for?  |                    | How did you learn of the position available? |              |
| Expected Hourly Rate   |                    | <b>Expected Annual Salary</b>                |              |
| Date Available to Begin  |                    | Date of Application                          |              |
| PREVIOUS EXPERIENCE  |                    |  |              |
| EMPLOYER NAME 1  |                    | START DATE                                   |              |
| SUPERVISOR NAME  |                    | END DATE                                     |              |
| STREET ADDRESS   |                    | PHONE  |              |
| CITY/STATE/ZIP CODE  |                    | EMAIL ADDRESS                                |              |
| POSITION HELD  |                    | RATE OF PAY                                  |              |
| Reason for leaving?  |                    | May we contact?                              |              |
| EMPLOYER NAME 2  |                    | START DATE                                   |              |
| SUPERVISOR NAME  |                    | END DATE                                     |              |
| STREET ADDRESS   |                    | PHONE  |              |
| CITY/STATE/ZIP CODE  |                    | EMAIL ADDRESS                                |              |
| POSITION HELD  |                    | RATE OF PAY                                  |              |
| Reason for leaving?  |                    | May we contact?                              |              |
| EDUCATION  |                    |  |              |
|  | NAME AND LOCATION  | LAST YEAR COMPLETED                          | MAJOR/DEGREE |
| HIGH SCHOOL  |                    | 9, 10, 11, OR 12:                            |              |
| COLLEGE/UNIVERSITY   |                    | 1, 2, 3, OR 4:                               |              |
| TRADE SCHOOL   |                    |  |              |
| OTHER/APPLICABLE TRAINING  |                    | APPLICABLE<br>SKILLS/PROFICIENCIES           |              |
| REFERENCES   |                    |  |              |
| FULL NAME  |                    | PHONE  |              |
| CITY/STATE   |                    | RELATIONSHIP                                 |              |
| FULL NAME  |                    | PHONE  |              |
| CITY/STATE   |                    | RELATIONSHIP                                 |              |
| DISCLAIMER AND SIGNATURE   |                    |  |              |
| I certify that the information given on this application is complete and correct. If this application leads to employment, I understand that false or misleading information in my application or interview may result in may release. |                    |  |              |

Date