



Employment Application

APPLICANT INFORMATION

Last Name		First		M.I.	Date	
Street Address				Apartment/Unit #		
City		State		ZIP		
Phone		E-mail Address				
Date Available				Desired Salary		
Position Applying for				Full Time <input type="checkbox"/>		Part Time <input type="checkbox"/>
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for the SWGRC?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Are you over 18 years old		Yes <input type="checkbox"/>	No <input type="checkbox"/>	How did you hear about us?		
Can you perform the duties of the job you are applying for ?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If no, please explain (This is not necessarily disqualifying)						
If you were in military services, did you receive any training which may further qualify you for the job in which you are applying?						Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, explain:						
Do you have any relatives who work for SWGRC?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, who and where do they work?		

EDUCATION

High School	Number of years completed:	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	Diploma	Yes <input type="checkbox"/>	No <input type="checkbox"/>	G.E.D.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
School	City/State										
College and/or Vocational	City/State										
Major	Degree/Certificate Earned										
College and/or Vocational	City/State										
Major	Degree/Certificate Earned										

Professional License(s) held

PROFESSIONAL Memberships (You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.)

THIS APPLICATION FOR EMPLOYMENT MAY ONLY BE USED FOR THE POSITION LISTED ABOVE AND ONLY IF THE POSITION IS CURRENTLY OPEN. CONSIDERATION FOR EMPLOYMENT FOR ANY OTHER POSITIONS REQUIRES A NEW APPLICATION.

REFERENCES*Please list three professional references.*

Full Name	Relationship
Company	Phone ()
Address	

Full Name	Relationship
Company	Phone ()
Address	

Full Name	Relationship
Company	Phone ()
Address	

COMPUTER SKILLS:

<input type="checkbox"/> Access	<input type="checkbox"/> Outlook	<input type="checkbox"/> Excel	<input type="checkbox"/> MS Word	<input type="checkbox"/> Power Point
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PREVIOUS EMPLOYMENT (BEGIN WITH CURRENT OR MOST RECENT EMPLOYER)

Company	Phone ()
Address	Supervisor

Job Title	Starting Salary \$	Ending Salary \$
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Responsibilities

From	To	Reason for Leaving
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May we contact your supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Company	Phone ()
Address	Supervisor

Job Title	Starting Salary \$	Ending Salary \$
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Responsibilities

From	To	Reason for Leaving
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Company	Phone ()
Address	Supervisor

Job Title	Starting Salary \$	Ending Salary \$
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Responsibilities

From	To	Reason for Leaving
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Explain any gaps in work history:

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

VOLUNTEER WORK

Please list any volunteer work (omit any volunteer work which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities)

DISCLAIMER AND SIGNATURE

Read carefully before signing and dating. Unsigned applications will not be processed.

I certify that all information on this application is correct. I authorize any agent or employee of SWGRC to verify this information and to release it to anyone who may consider me for appointment. **I also understand that applications submitted electronically, via e-mail or similar media, are not valid unless I enter my name in the signature field below and such action shall constitute an electronic signature.** I hereby authorize SWGRC to contact any and all corporations, former employers, educational institutions, law enforcement agencies, city, state, county and federal courts, to release information about my background including, but not limited to, information about employment, education, consumer credit history, driving record, criminal record and general public records history to Southwest Georgia Regional Commission.

I release from all liability all persons, companies, schools supplying such information. I hereby release SWGRC from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Signature

Date

The Southwest Georgia Regional Commission is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.



EQUAL EMPLOYMENT OPPORTUNITY SELF-IDENTIFICATION

The Southwest Georgia Regional Commission complies with all government regulations. In an effort to comply with requirements regarding government recordkeeping, reporting, and other legal obligations, we ask for your willful participation in providing the information below. This portion of the application is completely voluntary and failure to complete this section will not subject one to any adverse actions.

ETHNIC ORIGIN	
Are you of Hispanic/Latino origin?	Yes <input type="checkbox"/> No <input type="checkbox"/> If "No" please check below all races that apply.
Race:	Gender:
1. <input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Male
2. <input type="checkbox"/> Asian	<input type="checkbox"/> Female
3. <input type="checkbox"/> Black or African American	
4. <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
5. <input type="checkbox"/> White	
6. <input type="checkbox"/> Two or more races	
<input type="checkbox"/> Please check if you do not wish to self-identify	

LABORCHEX INVESTIGATION AUTHORIZATION & ORDER FORM

Under the applicable provisions of the federal Fair Credit Reporting Act (FCRA), notice is hereby given that a consumer report or investigative consumer report may be made which may include information pertaining to your employment history, educational accomplishments, criminal record, driving record, credit history, character, general reputation, and personal characteristics. This report may also include information pertaining to a commercial driver's license and commercial driving work history which, under provisions of the United States Department of Transportation, can include inquiries into drug and alcohol testing and use. This report will be used for employment purposes only, and will be processed by LABORCHEX Companies, an employment screening service, 3900 Lakeland Drive #300, Jackson, MS 39208, 800-880-0366. LABORCHEX conducts business according to all applicable federal and state laws. LABORCHEX agrees to use its best and most precise efforts to furnish its (a "client" is defined as a business, company, or organization which contracts with LABORCHEX to provide employment screening services to them) with accurate, current, complete, and reliable information based on such information as it is reasonably available and obtained via applicable public records sources and/or information services utilized by LABORCHEX. Sources also include contact by phone, FAX, U.S. Mail, and electronic mail of an applicant's previous employers, education officials, and other individuals who can provide accurate verification and confirmation of the applicant's background. However, LABORCHEX cannot guarantee the accuracy of the information provided by these sources, which include courts, public record databases, commonly accepted information sources, and individuals, including previous employers.

You are further advised that LABORCHEX does not counsel its clients regarding their hiring policies and procedures (a "client" is defined as a business, company, or organization which contracts with LABORCHEX to provide employment screening services to them). LABORCHEX will not have any knowledge as to why you have been offered a position or the reasons why you were denied employment, and will not be responsible or liable for actions taken by its client. Under the provisions of the FCRA, you have the right to dispute information provided in a report and, after providing proper identification, you can request a copy of such report(s), including details about the sources of information. Such information will be provided to you at no cost within 30 days after receiving your request. This information will be provided by the company, business, or organization at which you applied for employment. Upon your request, LABORCHEX will provide additional details regarding your employment screening report, particularly the names of specific resources used to gather information, such as courts, public record databases, commonly accepted data sources and individuals.

I, the undersigned, have read and fully understand the above notice. I hereby authorize LABORCHEX to investigate my employment history, educational accomplishments, criminal record, driving record, credit history, character, general reputation, personal characteristics, and information pertaining to a commercial driver's license and commercial driving work history, including inquiries into drug and alcohol testing and use. I authorize LABORCHEX to verify the facts stated by me on the attached application and/or resume. I agree not to hold LABORCHEX and/or the Southwest Georgia Regional Commission or Georgia Municipal Association responsible in any manner for errors in information provided to LABORCHEX by any of the sources LABORCHEX uses to obtain such information about my employment history, educational accomplishments, criminal record, driving record, credit history, character, general reputation, and personal characteristics. I also agree not to hold LABORCHEX and/or the Southwest Georgia Regional Commission or Georgia Municipal Association responsible for reports deemed by me to be incorrect, when LABORCHEX has, in good faith and according to its established lawful practices, based its information on sources it normally utilizes, such as those listed above.

Date: _____ Print Name: _____

Applicant Signature _____ Soc. Sec.#: _____

Address: _____

Date of Birth (for criminal and driving record checks): _____ DL# _____ State _____

BELOW IS FOR GMA MEMBER USE ONLY

City: _____ Date: _____
Applicant Name: _____ Soc. Sec. #: _____

CHECK SCREENINGS REQUIRED FOR THIS APPLICANT

Criminal Record Checks

- Statewide GA
- Nationwide Federal Violations
- CrimeChex Search
- CrimeChex Plus
- GA County: _____
- Other Statewide: _____
- Other County: _____
- Sex Offender State: _____

Application Verifications

- Previous Employment
- Education
- Licenses & Credentials
- References
- GA P.O.S.T.
- D.O.T.
- Education Transcripts

Driving Record Check

GA

National Address Search & Soc. Sec. # Verification

Employment Credit Report

Signature of Representative Authorizing Investigation _____