



5102B Ogeechee Road Office: 912-235-5671  
Savannah, GA 31405 Fax: 912-235-3276

# Employment Application

## Applicant Information

(Please Print)

Last Name	First Name	Middle Initial	Social Security Number
Address	City	Zip Code	Cell Phone Number

Email: \_\_\_\_\_

## General Information

What position are you applying for? \_\_\_\_\_ Full Time? [ ] Part Time? [ ]

Are you seeking a permanent position? Yes [ ] No [ ] Expected starting wage: \_\_\_\_\_

When are you available to start work? \_\_\_\_\_ Are you willing to work overtime? Yes [ ] No [ ]

Are you at least 18 years old? Yes [ ] No [ ] Are you willing to do after hours service calls? Yes [ ] No [ ]

Are you a U.S. citizen? Yes [ ] No [ ]

If no, can you verify that you are authorized to work in the U.S.? Yes [ ] No [ ]

Do you have a valid driver's license? Yes [ ] No [ ]

Do you have reliable daily transportation to get to work? Yes [ ] No [ ]

What languages do you speak, read, or write fluently? \_\_\_\_\_

Have you ever been convicted of a felony? Yes [ ] No [ ] (Note: Conviction will not necessarily disqualify applicant)

If so, please explain: \_\_\_\_\_

## Employment History

Employer name and address:	Position title/duties, skills:	Start Date:
		End Date:
		Reason for leaving:
Starting Pay:	Supervisor:	Phone#:
Ending Pay:	Supervisor:	Phone#:
Employer name and address:	Position title/duties, skills:	Start Date:
		End Date:
		Reason for leaving:
Starting Pay:	Supervisor:	Phone#:
Ending Pay:	Supervisor:	Phone#:
Employer name and address:	Position title/duties, skills:	Start Date:
		End Date:
		Reason for leaving:
Starting Pay:	Supervisor:	Phone#:
Ending Pay:	Supervisor:	Phone#:
Employer name and address:	Position title/duties, skills:	Start Date:
		End Date:
		Reason for leaving:
Starting Pay:	Supervisor:	Phone#:
Ending Pay:	Supervisor:	Phone#:

## Skills and Qualifications

List any special skills, abilities, certificates, licenses, or honors that should be considered: \_\_\_\_\_

## Education

High School: \_\_\_\_\_ Location: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes [ ] No [ ]

College: \_\_\_\_\_ Location: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes [ ] No [ ] Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Location: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes [ ] No [ ] Degree: \_\_\_\_\_

## Military Service

Are you a military veteran? Yes [ ] No [ ]

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at discharge: \_\_\_\_\_ Type of discharge: \_\_\_\_\_

Duty / specialized training: \_\_\_\_\_

## References

List three personal references who are not related to you:

Name	Address	Phone	Occupation	Years Known
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Name	Address	Phone	Occupation	Years Known
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Name	Address	Phone	Occupation	Years Known
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## Certification and Acknowledgement

I certify that the information provided herein is true and correct to the best of my knowledge. I understand that, if employed, falsified statements on this Application for Employment form will be considered grounds for termination.

I understand that I may be required to supply my birth certificate or other proof of authorization to work in the United States, consent to a drug test, and/or sign a conflict of interest agreement and abide by its terms.

I authorize the company to thoroughly investigate my work experience and any other matters related to my suitability for employment. I further authorize my former employers to disclose to the company any and all information they may have concerning my previous employment. In addition, I hereby release Harper Special Services, my former employers, and all other persons from any and all claims, demands, or liabilities arising out of, or in any way related to such disclosure.

I acknowledge that, if employed, both Harper Special Services and I have the right to terminate the employment relationship at any time, with or without cause or advance notice. This employment at will relationship will remain in effect throughout my employment with Harper Special Services and may not be modified by any oral implied agreement.

Applicant's Signature

Date