

Georgia

Federal-State Shipping Point Inspection Service, Inc.
P. O. Box 71767
Albany, Georgia 31708-1767

Date of Application: _____

District _____

APPLICATION FOR EMPLOYMENT

Name: _____

Address: _____
Last First Middle
Street City State Zip code

Have you ever used any other names? _____

Telephone: () _____ Social Security Number _____
area code

Position Applied for: _____

Check this question only if applying for Inspector Position: Do you have a valid state driver's license? ___ Yes ___ No

Have you ever applied for employment with Georgia Federal-State Shipping Point Inspection Service, Inc.? ___ Yes ___ No
If Yes: Month and Year: _____

Have you ever been employed by Georgia Federal-State Shipping Point Inspection Service, Inc.? ___ Yes ___ No
If Yes: Month and Year: _____ Location: _____

How did you become interested in or hear about this job? _____

Are you legally eligible for employment in the United States? _____ Yes ___ No
(Proof of U. S. citizenship or immigration status will be required upon employment)

Date available for work: _____

Have you ever been convicted of a felony? _____ Yes ___ No

* If "Yes", what charges? _____

Where _____ Date _____

(1) Person to be notified in case of emergency: _____
Name Home Phone Cell Phone

Address: _____
Street City State Zip Code

(2) Person to be notified in case of emergency: _____
Name Home Phone Cell Phone

Address: _____
Street City State Zip Code

**EDUCATIONAL BACKGROUND

High School (Name & Location)	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	GED <input type="checkbox"/> Yes <input type="checkbox"/> No	Year _____
College (Name & Location)	Degree <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Degree	Year _____
Other			

Do you have any military experience? _____ Yes ___ No

* **Note:** A "Yes" answer to these questions will not automatically bar you from employment. The nature, job relatedness, severity and date of offense in relation to the position for which you are applying are considered.

** This information will be verified prior to employment.

ALL QUALIFIED APPLICANTS WILL BE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL STATUS, OR DISABILITY.

EMPLOYMENT HISTORY (List your last three (3) employers, assignments or volunteer activities, including military service, starting with the most recent.)

From	To	Employer	Telephone ()
Job Title		Address	
Immediate Supervisor/Title		Summarize your duties	
Reason for Leaving			
		Hourly Rate/Salary	
		Start \$ per	Final \$ per
From	To	Employer	Telephone ()
Job Title		Address	
Immediate Supervisor/Title		Summarize your duties	
Reason for Leaving			
		Hourly Rate/Salary	
		Start \$ per	Final \$ per
From	To	Employer	Telephone ()
Job Title		Address	
Immediate Supervisor /Title		Summarize your duties	
Reason for leaving			
		Hourly Rate/Salary	
		Start \$ per	Final \$ per

Have you ever been terminated from any employment? Yes No

REFERENCES (List three personal references not related to you.)

Name/Address	Telephone	Years Known

SKILLS/QUALIFICATIONS (List any special training, skills and/or qualifications acquired from employment or other experiences that you possess.)

AGREEMENT

It is understood and agreed that any misrepresentations by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I give the employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability Georgia Federal-State Shipping Point Inspection Service, Inc. and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

I understand and consent that, as a condition of continued employment, upon request I will submit to drug and alcohol testing in the future. I authorize the release of any such subsequent testing to Georgia Federal-State Shipping Point Inspection Service, Inc. and waive all claims against it or those performing the examination and tests. I understand that I will be subject to immediate termination for failing to submit to examination to testing.

In the event of employment, I understand that I am required to abide by all rules and regulations of Georgia Federal-State Shipping Point Inspection Service. I understand that this application will remain active for thirty (30) days from date of signature.

Signature _____ Date _____