

APPLICATION

PERSONAL INFORMATION

Are you at least 21 years of age? Yes No If No, please state age: _____

Name (Last) _____ (First) _____ (M.I.) _____

Present Address Street _____

City _____ State _____ Zip _____

Previous Address Street _____

City _____ State _____ Zip _____

How long at previous address? Year(s) _____ Months _____

Telephone# Home (_____) _____ Cell (_____) _____

Social Security# _____ - _____ - _____ Driver's License # _____

Date of Expiration: _____

Have you ever applied at this company before? Yes No

If so, month _____ Year _____

Position desired? _____ Pay Expected? _____

Are you presently employed? Yes No

If yes, are you planning on leaving them? Yes No

What hours do you work from? _____ to _____

What work are you interested in? Full time Part time

Hours you prefer to work from? _____ to _____

Are you available to work overtime if needed? Yes No

Date available to work from? _____ / _____ / _____

Under Section Sec. 503 of the Rehabilitation Act of 1977, a handicapped individual is defined as a person who:

- (1) has a physical or mental impairment which substantially limits one or more major life activities;
- (2) has a record of such impairment; or
- (3) is regarded as having such impairment

Employment is considered a major life activity. You are invited to identify yourself as a handicapped individual, if you so qualify. If you do and desire that the company consider some reasonable accommodation for your handicapped, please indicate the nature of your handicap:

Mid-Georgia Courier, Inc. tries to accommodate the religious beliefs of its employees and applicants.

Are you available to work on Saturdays? Yes No

Do you have your own transportation? Yes No

Can you drive a manual transmission? Yes No

Do you know Atlanta and the surrounding areas? Yes No

Do you know Atlanta and the surrounding areas? Yes No

Do you have any previous job related driving experience? Yes No

If so, when & where: _____

Do you have any driving violations? Yes No

If yes, explain: _____

Height: _____ ft. _____ in. Weight: _____ lbs.

If you have dependent children, can you arrange for their care during working hours? Yes No

If employed, it will be necessary for you to provide the documents that establish your identity and employment eligibility within three (3) days of employment.

Have you ever been bonded? Yes No

If yes, with what employer(s)? _____

Have you ever been convicted of a crime or pled nolo (exclude minor traffic violations)? Yes No

If yes, state offense, date, court, place where offense occurred:

State names of any relatives and friends working for us.

REFERENCES (List 3 by Name, Address, and Phone#)

PREVIOUS EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with the present or most recent employer.

Company Name _____ Phone # _____
Address _____
City _____ State _____ Zip: _____
Employed (state month & year) From: _____ to _____ Pay Rate: _____
Name of Supervisor: _____
State job and title and describe your work duties: _____

May we contact your present employer: Yes No
Reason for leaving: _____

Company Name _____ Phone # _____
Address _____
City _____ State _____ Zip: _____
Employed (state month & year) From: _____ to _____ Pay Rate: _____
Name of Supervisor: _____
State job and title and describe your work duties: _____

Reason for leaving: _____

Company Name _____ Phone # _____
Address _____
City _____ State _____ Zip: _____
Employed (state month & year) From: _____ to _____ Pay Rate: _____
Name of Supervisor: _____
State job and title and describe your work duties: _____

Reason for leaving: _____

Have you ever been discharged or requested to resign from a job? Yes No

If yes, explain fully: _____

MILITARY Complete this section if you served in the U.S. Armed Forces

Branch of Service: _____ Period of Active Duty: _____

Rank at Discharge: _____ Date of Final Discharge: _____

Describe your duties and any special training: _____

EDUCATION

College Name & Location: _____

Course of Study: _____ No. of Years: _____ Did you graduate? Yes No

High School Name & Location: _____

Course of Study: _____ No. of Years: _____ Did you graduate? Yes No

Junior School Name & Location: _____

Course of Study: _____ No. of Years: _____ Did you graduate? Yes No

Other Name & Location: _____

Course of Study: _____ No. of Years: _____ Did you graduate? Yes No

In case of emergency, please give names and addresses of two people we may contact:

Name: _____

Name: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

I agree that should I enter the employment of this company, such employment shall be for no fixed period and shall be subject to satisfactory work and conduct and will be terminable at any time. If this company finds that I am not adapted to work or am otherwise not satisfactory, my employment may be terminated without any further obligation on the company's part. I also agree to be subject to the rules and regulations governing this company's personnel. I certify that any falsification or non-disclosure may be grounds for refusal of or termination of employment.

Please read carefully before signing.

Signature: _____

Date: _____

This application is void after 30 days unless renewed in writing by applicant.