

Canoochee EMC

Equal Employment Opportunity Employer

Dear Applicant:

This Company is an Equal Opportunity/Affirmative Action employer and subject to certain reporting and affirmative action requirements. The information asked for on this insert is requested only so that we may meet our Equal Opportunity/Affirmative Action obligations. Your completion of this form is purely voluntary and will not, in any way, affect your consideration for employment. This insert will be separated from your application and will be separately maintained.

How were you referred to our Company?

Ad (Specify) _____
Walk-in _____
Agency (Specify) _____
Employee (Who?) _____
State Employment Service _____
Other _____

SECTION 1

Sex: (please check one): _____ Male _____ Female

SECTION 2

Ethnicity: (please check one):

_____ **Hispanic or Latino** – all persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

(If you have selected “Hispanic or Latino,” please SKIP SECTION 3.)

_____ **Not Hispanic or Latino** – everyone who is not “Hispanic or Latino,” as defined above.

[CONTINUED ON NEXT PAGE]

SECTION 3

(If you selected “Hispanic or Latino” in Section 2, DO NOT complete this section. Otherwise, please check one of the following:)

Race:

_____ **White** (Not Hispanic or Latino): all persons having origins in any of the original people of Europe, North Africa, or the Middle East

_____ **Black or African American** (Not Hispanic or Latino): All persons having origins in any of the black racial groups of Africa

_____ **Native Hawaiian or Other Pacific Islander** (Not Hispanic or Latino) – any persons having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands

_____ **Asian** (Not Hispanic or Latino) – all persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam

_____ **American Indian or Alaskan Native** (Not Hispanic or Latino) - all persons having origins in any of the original peoples of North or South America, and who maintain cultural identification through tribal affiliation or community attachment

_____ **Two or More Races** (Not Hispanic or Latino) – all persons who identify with more than one of the above races

SECTION 4

(If you chose not to complete sections 1, 2, or 3, please complete this Section, and sign where indicated below. If you completed the other sections, please skip this section and sign where indicated below.)

_____ I prefer not to identify my sex, ethnicity, or race at this time.

Thank you.

This information is submitted voluntarily, will be kept confidential, will be exclusively used for statistical gathering and compliance purposes, and will not influence any employment or placement decision.

Print Last Name, First Name

Signature

Date

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

DATE _____

Website for jobs at Canoochee EMC (when available): www.dol.state.ga.us

PERSONAL INFORMATION

| | | | | |
|--|-------------|------|-------|----------|
| NAME (LAST, FIRST) | | | | |
| MAILING ADDRESS | | CITY | STATE | ZIP CODE |
| STREET ADDRESS | | CITY | STATE | ZIP CODE |
| PHONE NO. | REFERRED BY | | | |
| Are you related by blood or marriage to a director or employee of this company? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| If the answer to the question above is "yes", please list the director or employee: | | | | |

EMPLOYMENT DESIRED

| | | |
|---|--------------------|--|
| POSITION | DATE YOU CAN START | SALARY DESIRED |
| ARE YOU EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No | | IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> Yes <input type="checkbox"/> No | WHERE? | WHEN? |

| NAME AND LOCATION OF SCHOOL | YEARS ATTENDED | DID YOU GRADUATE | SUBJECTS STUDIED |
|--|----------------|------------------|------------------|
| GRAMMAR SCHOOL | | | |
| HIGH SCHOOL | | | |
| COLLEGE | | | |
| TRADE, BUSINESS OR CORRESPONDENCE SCHOOL | | | |

GENERAL

| | |
|--|------|
| SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS | |
| | |
| | |
| U.S. MILITARY OR NAVAL SERVICE | RANK |

FORMER EMPLOYERS

(LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

| DATE MONTH & YEAR | NAME & ADDRESS OF EMPLOYER | SALARY | POSITION | REASON FOR LEAVING |
|-------------------|----------------------------|--------|----------|--------------------|
| FROM | | | | |
| TO | | | | |
| FROM | | | | |
| TO | | | | |
| FROM | | | | |
| TO | | | | |
| FROM | | | | |
| TO | | | | |

(CONTINUED ON OTHER SIDE)

REFERENCES

GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

| NAME | ADDRESS | BUSINESS | YEARS KNOWN |
|------|---------|----------|-------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |

Have you ever been convicted of a felony? ____ Yes ____ No

If yes, please explain: _____

AUTHORIZATION

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.”

DATE _____

SIGNATURE _____