

APPLICATION FOR EMPLOYMENT

**PENFIELD ADDICTION MINISTRIES, INC.
1061 MERCER CIRCLE
UNION POINT, GEORGIA 30669**

**TELEPHONE: (706) 453-7929
FAX: (706) 453-9857**

Last Name			First		MI		Date of Application	
Street Address							Social Security Number (optional)	
City		State			ZIP		Home Telephone	
Position Sought (MUST BE FILLED IN - APPLICATION IS CONSIDERED INVALID IF LEFT BLANK)							Cell Phone	
How were you referred to us? (Check Only One)	By your college	Advertisement	Employment agency	If so, give name:		Indeed.com	Website	Other

***Please read carefully and complete by printing in ink or typing. Please provide all information requested.
An Equal Opportunity Employer***

We are an equal opportunity employer, and we do not and will not discriminate on the basis of race, religion, national origin, gender, age, handicap, marital status, or status as a disabled veteran. Information provided on this application will not be used for any discriminatory purpose.

Pre-Employment Drug Testing

In order to qualify for employment all applicants will be subject to pre-employment drug screening and all job offers are contingent upon the satisfactory outcome of this drug test. Refusal to test or a positive test result will cause denial of employment. Following an employment offer and prior to being considered an active employee, successful applicants will be screened for drugs as part of the pre-employment evaluation. Applicant will be requested to sign a consent/release form acknowledging and understanding the procedure, authorization of the procedure to be performed and consent to release the test results to the agency's Medical Review Officer. Applicants who refuse to sign the consent/release form or refuse to undergo the drug testing procedure will automatically be denied employment.

Employment Record (Minimum - last 10 years)

Starting with present or most recent, list ALL previous employers for the last 10 years. Include self-employment and part-time jobs. If more space is required, please continue on a separate sheet. You may attach a resume but must complete this application as well.

Last or Present Company		Type of Business		Job Title	
Street Address			Phone Number		Brief description of job duties
City	State	ZIP Code			
Supervisor		Phone Number			
Base Salary	Dates Worked	From	To		
Reason for Leaving					
Last or Present Company		Type of Business		Job Title	
Street Address			Phone Number		Brief description of job duties
City	State	ZIP Code			
Supervisor		Phone Number			
Base Salary	Dates Worked	From	To		
Reason for Leaving					

Employment Record Continued

Last or Present Company		Type of Business	Job Title
Street Address		Phone Number	Brief description of job duties
City	State	ZIP Code	
Supervisor		Phone Number	
Base Salary	Dates Worked From	To	
Reason for Leaving			
Last or Present Company		Type of Business	Job Title
Street Address		Phone Number	Brief description of job duties
City	State	ZIP Code	
Supervisor		Phone Number	
Base Salary	Dates Worked From	To	
Reason for Leaving			
Last or Present Company		Type of Business	Job Title
Street Address		Phone Number	Brief description of job duties
City	State	ZIP Code	
Supervisor		Phone Number	
Base Salary	Dates Worked From	To	
Reason for Leaving			

Educational History

School Name	Location (city, state)	Major course or subject	Dates attended		Graduated		Degree
			From	To	Yes	No	
High School							
Technical/Trade (after high school)							
College (list all attended)							
Graduate School (list all attended)							
Other Education/Training							

Additional Qualifications

Topic	Check One		Expiration		Comments
	Yes	No	Month	Year	
Certification or Licensure					
Regular Driver's License					
Commercial Driver's License					
First Aid Training C P R Training					
Defensive Driver Training (within last three years)					
CPI or Mandt Training					
Current Vehicle Liability Insurance					Company Name:
Other Qualifications					

Outside Activities

(Exclude those indicating race, color, religion, sex, national origin, age, or handicap.)

Professional Memberships, Certificates, or Licenses Held

Past and Present Civic or Cultural Activities - Include Offices Held

Principal Hobbies

Special Skills

<i>To be completed by applicants for office/clerical work</i>			<i>To be completed by all applicants</i>	
Typing	Yes No	Words per minute:	Type of machines operated	Years experience
Dictation	Yes No	Words per minute:		Years experience
Computer Skills	Hardware Software			Years experience
Please list other skills and/or equipment experience you have acquired			List other work skills	
			Served Apprenticeships Yes	
			Or Internships No	
			Type:	

Other Information

Have you ever applied for a position at Penfield before? If so, please list the position(s) and the approximate date of application.

Have you had **ANY** traffic violations within the past three years? If so, please list.

Have you ever been convicted of **ANY** crime - except for minor traffic offenses? If so, please provide additional explanation. Conviction of a crime is not an automatic disbarment from employment. Also note the statement below regarding State of Georgia DHR Rule 290-5-54-.09(3)(a)1.

Do you have any relatives employed with Penfield? If so, please list by name and relationship.

Professional/Work References

List at least two past supervisors and one person who **IS NOT RELATED** to you who has knowledge of your qualifications for the position.

Name	Name of Company	Title/Relationship	Address (Street, City, State, ZIP Code)	Phone Number (include area code)
1.				
2.				
3.				
4.				
5.				

May we contact your present employer? Yes No Comments:

Wage or Salary requirements Date Available

Please provide any other comments or significant information that you feel is relevant to consideration for employment

State of Georgia – DHR Rule 290-5-54-.09(3)(a)1

Rule 290-5-54-.09(3)(a)1 of the Georgia Department of Human Resources requires a written statement to be obtained at the time of application that an individual has never been shown by credible evidence (e.g. a court or jury, a department investigation or other reliable evidence) to have abused, neglected, sexually assaulted, exploited or deprived any person or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct. My signature below serves as acknowledgement of this rule and as my personal attestation and statement that I have never been shown by credible evidence any of the aforementioned.

At-Will Employment Policy Statement

It is the policy of this agency to provide that all employment and compensation with this agency is "at-will." This means that employment can be terminated with or without cause, and with or without notice, at any time, at the option of either Penfield or the employee. It is important that all applicants acknowledge and understand that any and all employment with this agency is "at-will" and of indefinite duration without regard to the position classification. An employee or this agency may terminate employment at any time, with or without notice and for any reason. No agreement to the contrary will be recognized unless such an agreement is in writing and approved by the agency's Board.

Certification And Acknowledgment

I hereby certify that the answers and other information on this application are true, complete and correct and understand any misrepresentation or omission of facts on my part will be justification for separation, if employed. I understand and acknowledge that employment is contingent upon receipt of necessary documents. These include establishing identity and employment eligibility, an acceptable criminal records background investigation, an acceptable motor vehicle report, a satisfactory tuberculin (TB) screening test, copies of diplomas and licenses if applicable and any other requirements or pertinent information as may be required or established by Penfield, the State of Georgia or other regulatory authority. I also understand that only the most qualified applicants may be contacted for an interview and that this application may be kept active for a period of time up to but no longer than ninety days. I further understand and acknowledge that I am at least twenty-one (21) years of age as required by certain state regulations in order to provide services.

Signature

Date

If any of your educational or employment records are under other than the above name, please provide other names.