

Are there any reasons for which you might not be able to perform the job duties (with a reasonable accommodation)?
 Yes No If Yes, please explain.

Drivers License# _____ State _____ Any Violations?
 Yes No

Education

| School | Name and location of school | Course of study | No. of years completed | Did you graduate? | Degree or diploma |
|--------------|-----------------------------|-----------------|------------------------|---|-------------------|
| College | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| High | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Trade School | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Other | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Military

| | |
|--|--------------------------------------|
| Complete this section if you served in the U.S. Armed Forces | Branch of Service |
| Describe your duties and any special training | Period of Active Duty (Month & Year) |
| | From _____ To _____ |
| | Rank at Discharge |
| | Date of Final Discharge |

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

| | | |
|----|--|----------------------------------|
| 1. | Company Name | Telephone () - |
| | Address | Employed (Start Month and Year) |
| | Name of Supervisor | From _____ To _____ |
| | Start Job Title and Describe Your Work | Hourly Rate |
| | | Start _____ Last _____ |
| | | Reason for Leaving |

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatements or omissions of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so.

If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

Date

Signature

Please complete and fax or email a copy of this form to:

Family Advocates of Georgia, Inc

P. O. Box 2437

Douglasville, GA 30133

Phone: 404-437-5973 Fax: 678-840-3771

familyadvocatesofga-inc@yahoo.com

www.faoga.com