



Middle Georgia Consortium, Inc.
124 Osigian Blvd., Suite A
P. O. Box 8539
Warner Robins, GA 31095-8539
478-953-4771

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or disability, or any other legally protected status.

PLEASE PRINT

Position Applied For: _____

Date: _____

First Name: _____

MI: _____

Last Name: _____

Address: _____

City, State, ZIP: _____

Telephone Number(s): _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or disability, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose of this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information, please note that all data records are kept in a confidential file and are not part of your application for employment or personnel file. **YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.**

VOLUNTARY SURVEY

Government agencies at times require periodic reports on the sex, ethnicity, disability, veteran and other protected status of employees. The data is for statistical analysis with respect to the success of the affirmation action program. **SUBMISSION OF THE INFORMATION IS VOLUNTARY**

Check one: Male

Female

Age: Under 18, 18-21, 22-44, 45-54, 55 & older

Check one of the following: White, Black, Hispanic, Other,
 American Indian/Alaskan Native, Asian/Pacific Islander

Check if any of the following are applicable:

Vietnam Era Veteran, Disabled Veteran, Disabled Individual

NEPOTISM

Please read the following and answer the question which appears below:

No employee of the Consortium may have a member of his immediate family also employed in any capacity by the Consortium, employed in any capacity by a service provider of the Consortium or receiving benefits or training of any kind from any administrative entity or service provider under the Workforce Investment Act.

“Immediate Family” means husband, wife, son, son-in-law, daughter, daughter-in-law, mother, mother-in-law, father, father-in-law, brother, brother-in-law, sister, sister-in-law, aunt, uncle, niece, nephew, step-parent, step-child, grandparent and grandchild.

Is a member of your “Immediate Family”, as defined above, employed with the Consortium, service provider of the Consortium or receiving benefits or training as described above?

_____ Yes

_____ No

APPLICANT CERTIFICATION:

I hereby certify that the answers given by me and the statements made by me in this application are full and true to the best of my knowledge and belief. I understand that the intentional submission of false information, or the intentional omission or misrepresentation requested by this application or its supplements, is cause for rejection of my application or my discharge at any time during my employment. I voluntarily authorize my former employers, schools, and persons named herein to give information regarding me, whether or not such information is part of their records. I hereby release said organizations or persons from any liability or damages whatsoever for issuing this information.

Signature of Applicant

Date

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No If yes, give date _____

Have you ever been employed with us before? Yes No If yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status?

Yes No *Proof of citizenship or immigration status will be required upon employment*

On what date would you be available for work? _____

Are you available to work: Full-time Part-time Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you ever been convicted of a crime other than a minor traffic violation? Yes No

Conviction will not necessarily disqualify an applicant from employment

If yes, please explain:

Have you ever had any job-related training in the United States Military? Yes No

If yes, please describe:

Are you physically or otherwise unable to perform the duties of the job for which you are applying?

Yes No

Education:

	High School				Undergraduate College/University				Graduate/ Professional				Vocational/ Technical School
School Name and Location													
Years Completed (Circle applicable Number)	9	10	11	12	1	2	3	4	1	2	3	4	
Diploma/Degree													
Describe Major Course of Study													
Describe any specialized training, apprenticeships, skills and extra-curricular activities													
Describe any honors you have received													
State any additional information you feel may be helpful to us in considering your application													

List professional, trade, business or civic activities and offices held.

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or disability or other protected status

References:

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____

2. _____

3. _____

Employment Experience:

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disability or other protected status.

Employer:	
Address:	Telephone #:
Supervisor:	Job Title:
Reason for Leaving:	
Dates of Service: From	To
Hourly Rate/Salary: Starting	Ending
Describe Duties:	

Employer:	
Address:	Telephone #:
Supervisor:	Job Title:
Reason for Leaving:	
Dates of Service: From	To
Hourly Rate/Salary: Starting	Ending
Describe Duties:	

Employer:	
Address:	Telephone #:
Supervisor:	Job Title:
Reason for Leaving:	
Dates of Service: From	To
Hourly Rate/Salary: Starting	Ending
Describe Duties:	

Employment Experience Continued:

Employer:	
Address:	Telephone #:
Supervisor:	Job Title:
Reason for Leaving:	
Dates of Service: From	To
Hourly Rate/Salary: Starting	Ending
Describe Duties:	

Employer:	
Address:	Telephone #:
Supervisor:	Job Title:
Reason for Leaving:	
Dates of Service: From	To
Hourly Rate/Salary: Starting	Ending
Describe Duties:	

If you need additional space, please continue on a separate sheet of paper, or attach a resume.

Special Skills and Qualifications:

Summarize special job-related skills and qualifications acquired from employment or other experience.

Typing Speed: _____

Computer Experience: _____ Yes _____ No