

## Babel Notice

**IMPORTANT!** This document contains **important information** about your rights, responsibilities and/or benefits. It is critical that you understand the information in this document, and we will provide the information in your preferred language at no cost to you. **Call (478) 953-4771** for assistance in the translation and understanding of the information in this document.

### Spanish

**¡IMPORTANTE!** Este documento contiene **información importante** sobre sus derechos, responsabilidades y/o beneficios. Es importante que usted entienda la información en este documento. Nosotros le podemos ofrecer la información en el idioma de su preferencia sin costo alguno para usted. **Llame al (478) 953-4771** para pedir asistencia en traducir y entender la información en este documento.

### Chinese - Traditional

**重要須知!** 本文件包含**重要資訊**，事關您的權利、責任，和／或福利。請您務必理解本文件所含資訊，而我們也將使用您偏好的語言，無償為您提供資訊。請致電**(478) 953-4771** 洽詢翻譯及理解本文件資訊方面的協助。

### Vietnamese

**LƯU Ý QUAN TRỌNG!** Tài liệu này chứa **thông tin quan trọng** về quyền hạn, trách nhiệm và/hoặc quyền lợi của quý vị. Việc hiểu rõ thông tin trong tài liệu này là rất quan trọng, và chúng tôi sẽ cung cấp miễn phí cho quý vị thông tin này bằng ngôn ngữ mà quý vị ưa dùng. **Hãy gọi (478) 953-4771** để được hỗ trợ về việc thông dịch và hiểu thông tin trong tài liệu này.

### Tagalog

**MAHALAGA!** Naglalaman ang dokumentong ito ng **mahalagang impormasyon** tungkol sa iyong mga karapatan, responsibilidad at/o benepisyo. Napakahalaga na nauunawaan mo ang impormasyong nakapaloob sa dokumentong ito, at ibibigay namin nang libre ang impormasyon sa pinili mong wika. **Tumawag sa (478) 953-4771** upang humingi ng tulong sa pagsasalang-wika at pag-unawa sa impormasyong nasa dokumentong ito.

### French

**IMPORTANT!** Le présent document contient **des informations importantes** sur vos droits, vos responsabilités et/ou vos avantages. Il est essentiel que vous compreniez les informations figurant dans ce document, et nous vous fournirons gratuitement les informations dans la langue de votre choix. **Appelez au (478) 953-4771** pour obtenir de l'aide pour la traduction et la compréhension des informations contenues dans le présent document.

### Haitian Creole

**ENPÒTAN!** Dokiman sa a gen **enfòmasyon enpòtan** ladan konsènan dwa, responsablite ak/oswa avantaj ou yo. Li ap vrèman enpòtan pou ou konprann enfòmasyon yo ki nan dokiman sa a, epi n ap ba ou enfòmasyon sa yo nan lang ou prefere a gratis. **Rele (478) 953-4771** pou jwenn asistans pou tradui ak pou konprann enfòmasyon ki nan dokiman sa a.

### Portuguese

**IMPORTANTE!** Este documento contém **informações importantes** sobre os seus direitos, responsabilidades e/ou benefícios. É essencial que compreenda as informações constantes neste documento, as quais disponibilizaremos, gratuitamente, na língua à sua escolha. **Contacte o número (478) 953-4771** para solicitar ajuda para traduzir e compreender as informações contidas neste documento.

### Arabic

**مهم!** يحتوي هذا المستند على **معلومات مهمة** حول حقوقك ومسؤولياتك و/أو فوائدها. من الأهمية بمكان فهم المعلومات الواردة في هذا المستند، وسنوفر المعلومات بلغتك المفضلة دون تحميلك أي تكلفة. **اتصل على الرقم (478) 953-4771** للحصول على مساعدة في ترجمة المعلومات الواردة في هذا المستند وفهماها.

### Russian

**ВАЖНО!** В настоящем документе содержится **важная информация** о ваших правах, обязанностях и/или преимуществах. Крайне важно, чтобы вы поняли информацию, содержащуюся в данном документе, а мы бесплатно предоставим вам эту информацию на выбранном вами языке. **Позвоните по телефону (xxx) xxx-xxxx** для получения помощи в переводе и понимании информации, содержащейся в данном документе.

### Korean

**중요!** 본 문서는 귀하의 권리, 책임 및/또는 이익에 관한 **중요한 정보**를 포함하고 있습니다. 귀하가 본 문서에 있는 정보를 이해하는 것은 대단히 중요하며, 귀하가 원하는 언어로 정보를 제공받으실 수 있습니다. **(478) 953-4771로 전화하여** 본 문서에 있는 정보의 번역 및 이해를 위해 도움받으시길 바랍니다.

Middle Georgia



Connecting Talent with Opportunity  
A proud partner of the American  JobCenter network

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 are An Equal Opportunity Employer/Program with  
Auxiliary Aids and Services Available Upon Request to Individuals with Disabilities

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 (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, or political affiliation or belief.

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 Innovation and Opportunity 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.

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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:

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

If yes, please describe:

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**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*

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**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.

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Typing Speed: \_\_\_\_\_

Computer Experience: \_\_\_\_\_ Yes \_\_\_\_\_ No