

SGRC Valdosta Office  
1937 Carlton Adams Drive  
Valdosta, GA 31601  
Phone: (229) 333-5277  
Fax: (229) 333-5312



SGRC Waycross Office  
1725 South Georgia Parkway West  
Waycross, GA 31503  
Phone: (912)285-6097  
Fax: (912) 285-6126

## Southern Georgia Regional Commission

*The Southern Georgia Regional Commission is an Equal Opportunity Employer. Qualified persons are considered for employment without regard to race, color, religion, sex, sexual orientation, national origin, age, or disability.*

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### Application for Employment

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Applicants for employment must submit to post-employment-offer drug testing, must submit a satisfactory Motor Vehicle Report (MVR), and must pass a criminal background check (if required). If offered employment, you will be required to provide documentation to verify employment eligibility. Failure to provide the required documentation may result in the determination that the applicant is ineligible for employment in the United States.

Please print or type. Answer all questions. If a question does not apply to you, enter "N/A" in the appropriate space. Applications which are incomplete or illegible will not be considered. If additional space is needed to answer questions, continue answers on plain paper.

NAME: \_\_\_\_\_  
(Last) (First) (Middle) (Nickname)

ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

TELEPHONE: \_\_\_\_\_  
(Home) (Cell)

Position Applied For: \_\_\_\_\_

Are you a U.S. Citizen? \_\_\_Yes \_\_\_ No      Authorized alien? \_\_\_ Yes \_\_\_ No

Will you accept temporary employment? \_\_\_Yes \_\_\_ No      Part-time? \_\_\_ Yes \_\_\_ No

If hired, on what date would you be available to start work? \_\_\_\_\_

**Educational Background**

Beginning with high school (or GED attainment), list all schools attended:

Name and Address of School or College	Dates Attended (from / to)	Graduated? (yes or no)	Degree (i.e., AA, BA, BBA, etc.)

Since your 18<sup>th</sup> birthday, have you been convicted of a felony? \_\_\_ Yes \_\_\_ No  
*(A conviction will not necessarily exempt you from consideration for employment.)*

If yes, furnish details as to dates, places, nature of offenses and penalties:

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Do you have a current driver's license?	Which state?	Driver's License #	Expiration Date
Yes      No			

Have you had any traffic violations in the past 3 years? \_\_\_ Yes \_\_\_ No

If yes, indicate types of offenses and dates: \_\_\_\_\_

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## References

Include at least two (2) employers and at least one (1) character reference that we may contact:

Name and Occupation	Company Name	Address	Phone Number
1.			
2.			
3.			
Character Reference(s)	Relationship	Address	Phone Number
4.			
5.			

May we contact your present employer? \_\_\_ Yes \_\_\_ No

*(A "no" answer will not harm your chances of employment.)*

## Additional Information

List any special qualifications and skills (e.g., licenses, certifications, skills with machines or office equipment, public speaking, memberships in professional or scientific societies):

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Computer Skills. List knowledge of software programs and operating systems, along with any other computer-related skills: \_\_\_\_\_

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## Employment History

Please list your work experience. Add extra sheets if necessary. Start with your present or most recent position and work backwards.

1. Dates: From \_\_\_\_\_ To \_\_\_\_\_ Organization: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Your Last Title: \_\_\_\_\_ Salary: \_\_\_\_\_

Duties of your last position with this organization: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other positions held with this organization: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Your last Supervisor's name and title: \_\_\_\_\_

\_\_\_\_\_

2. Dates: From \_\_\_\_\_ To \_\_\_\_\_ Organization: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Your Last Title: \_\_\_\_\_ Salary: \_\_\_\_\_

Duties of your last position with this organization: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other positions held with this organization: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Your last Supervisor's name and title: \_\_\_\_\_

3. Dates: From \_\_\_\_\_ To \_\_\_\_\_ Organization: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Your Last Title: \_\_\_\_\_ Salary: \_\_\_\_\_

Duties of your last position with this organization: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other positions held with this organization: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Your last Supervisor's name and title: \_\_\_\_\_

\_\_\_\_\_

4. Dates: From \_\_\_\_\_ To \_\_\_\_\_ Organization: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Your Last Title: \_\_\_\_\_ Salary: \_\_\_\_\_

Duties of your last position with this organization: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other positions held with this organization: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Your last Supervisor's name and title: \_\_\_\_\_

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information is grounds for refusal to hire or if hired, dismissal.

I understand that applicants for employment shall submit to post-employment-offer drug testing, must submit a satisfactory Motor Vehicle Report (MVR), and must pass a criminal background check (if required).

I authorize any of the persons or organizations referenced in this application to give any and all information concerning my previous employment, education, or any other information they might have knowledge of, personal or otherwise, with regard to any of the subjects covered by this application and release all such parties from all liability for any damage that may result from furnishing such information to the SGRC. I authorize the SGRC to request and receive such information.

In being considered for employment by the SGRC, I agree to conform to the rules and regulations of the SGRC and acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or added to by the SGRC at any time, at the SGRC's sole option and without any prior notice to me. I further acknowledge that my employment may be terminated and that any offer of employment, if such is made, may be withdrawn with or without prior notice, at any time, at the option of the SGRC.

I understand that only the SGRC Executive Director has any authority to enter into any agreement for employment or to assure any benefits or terms and conditions of employment. I also understand that, if I am employed, I will be subject to a trial period during which I must prove my ability to perform satisfactorily.

The relationship between the SGRC and an employee is "at-will." Any individual may be terminated by the SGRC at any time for any reason. Any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee.

I acknowledge that I have been advised that this application will remain active for no more than 90 days from the date that it was submitted.

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Signature of Applicant

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Date