

**APPLICATION FOR EMPLOYMENT**

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Present Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

How were you referred to us? \_\_\_\_\_

**EMPLOYMENT DESIRED**

Position(s) applied for or type of work desired: \_\_\_\_\_

Type of employment desired: \_\_\_\_\_ full-time \_\_\_\_\_ part-time \_\_\_\_\_ temporary

Salary desired: \_\_\_\_\_ Available to start work: \_\_\_\_\_

Have you ever been previously employed by our organization? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, where \_\_\_\_\_ When \_\_\_\_\_

Are you able to meet the attendance requirements? \_\_\_\_\_ Yes \_\_\_\_\_ No

Can you work on weekends? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is there any day that you cannot work due to a religious nature?  
 If yes, what day? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have any objection to working overtime if necessary? \_\_\_\_\_ Yes \_\_\_\_\_ No

Can you travel if required by this position? \_\_\_\_\_ Yes \_\_\_\_\_ No

Can you submit proof of legal employment authorization and identity? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you are under 18, can you furnish a work permit if is required? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been arrested and/or convicted of a crime in the last 7 years? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain (a conviction will not automatically bar employment): \_\_\_\_\_

**Applicants for Driving Positions only:**

Drivers license number (if driving is an essential job duty): \_\_\_\_\_

Do you object to the employer obtaining a copy of your MVR records? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you object to pre-employment drug and alcohol screenings? \_\_\_\_\_ Yes \_\_\_\_\_ No

**EMPLOYMENT HISTORY**

Are you currently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please provide all employment information for your past four employers starting with the current employer.

Employer: \_\_\_\_\_ Position held: \_\_\_\_\_

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

Immediate supervisor and title: \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_

Job summary: \_\_\_\_\_

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

Can we contact this employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Employer: \_\_\_\_\_ Position held: \_\_\_\_\_

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

Immediate supervisor and title: \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_

Job summary: \_\_\_\_\_

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

Can we contact this employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Employer: \_\_\_\_\_ Position held: \_\_\_\_\_

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

Immediate supervisor and title: \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_

Job summary: \_\_\_\_\_

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

Can we contact this employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Employer: \_\_\_\_\_ Position held: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 Immediate supervisor and title: \_\_\_\_\_  
 Dates employed: from \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_  
 Job summary: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_  
 Can we contact this employer? \_\_\_\_ Yes \_\_\_\_ No

**OTHER SKILLS AND QUALIFICATIONS**

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

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**EDUCATIONAL HISTORY**


List school name and location, years attended, course of study, and any degrees earned:

SCHOOL	YEARS ATTENDED	COURSE OF STUDY	DID YOU GRADUATE	DEGREE

**REFERENCES**

Name three references, their addresses, telephone numbers and number of years known (Prefer previous employers or co-workers. Please do not include relatives):

NAME	ADDRESS	PHONE #	# of YEARS KNOWN



**Bryce-Emory, Inc.**

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

I acknowledge that if I am employed, the first ninety (90) calendar days of my employment with Bryce-Emory, Inc. are considered a probationary period. This probationary period gives me as an employee and Bryce-Emory, Inc. as an employer an opportunity to determine if my work, attitude and attendance meet the Company's standard. During the first ninety (90) calendar days of my employment with Bryce-Emory, Inc, I can resign without stating a reason, or I can be terminated by Bryce-Emory, Inc. on the same basis, without any negative effect on my employment record.

I also acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either the employer or I can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I understand that Bryce-Emory, Inc. is a drug-free workplace. Therefore, if I am employed, I will be required to consent to drug and alcohol testing. I consent to provide specimens at the assigned collection site(s) and further consent to have urine specimens tested for drugs at a U S Department of Health and Humans Services/Substance Abuse & Mental Health Services Administration (DHHS/SAMHSA) certified laboratory.

I consent to the release of the drug and/or alcohol test results in accordance with the company policy to the selected Medical Review Officer (MRO), to the company's third-party administrator (currently Secure Point), to and within the company on a need-to-know basis, and to additional parties in accordance with my written authorization or as otherwise required by applicable federal or state law.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# **Bryce-Emory, Inc.**

## **CRIMINAL AND CREDIT REPORT DISCLOSURE & AUTHORIZATION FORM**

By this document, *Bryce-Emory, Inc.* discloses to you that a criminal background report and a consumer credit report, including an investigative consumer report containing information about your character, general reputation, personal characteristics and mode of living may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment. All information obtained will be valued confidential and maintained as such.

Should criminal and/or consumer reports be requested, you will have the right to demand a complete and accurate disclosure of the nature and scope of the investigation and a written summary of your rights under the Fair Credit Reporting Act.

*Bryce-Emory, Inc.* will respond to a request for detailed information in a written statement to be mailed or otherwise delivered to you no later than five days after the date it receives your written request for additional information or the date the report was first requested, whichever date is later.

Please direct any request for additional information to:

Bryce-Emory, Inc.  
Human Resource Department  
335 College Drive  
Barnesville, Georgia 30204

Your signature below indicates your authorization for *Bryce-Emory, Inc.* to obtain a criminal background report, a consumer credit report and/or investigative consumer report about you from an authorized reporting agency.

**I acknowledge that I have received a copy of the above notice and that I authorize a copy of my criminal, consumer credit and/or investigative credit report to be requested by and released to *Bryce-Emory, Inc.***

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

## REFERENCE CHECKS

*(Document every reference check requested for an applicant for employment.)*

Applicant's Name \_\_\_\_\_ Position \_\_\_\_\_

Person contacted: \_\_\_\_\_

Company: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

1. What were the dates of his/her employment with you? Salary?

\_\_\_\_\_

2. What was the nature of his/her job?

\_\_\_\_\_

\_\_\_\_\_

3. What did you think of his/her work?

\_\_\_\_\_

\_\_\_\_\_

4. How would you describe his/her performance in comparison with other people?

\_\_\_\_\_

\_\_\_\_\_

5. What job progress did he/she make?

\_\_\_\_\_

\_\_\_\_\_

6. Why did he/she leave your company?

\_\_\_\_\_

\_\_\_\_\_

7. Would you re-employ? Why?

\_\_\_\_\_

\_\_\_\_\_

8. What are his/her strong points?

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9. What are his/her limitations?

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10. How did he/she get along with other people?

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11. Could you comment on his/her:

Attendance: \_\_\_\_\_  
\_\_\_\_\_

Dependability: \_\_\_\_\_  
\_\_\_\_\_

Ability to take on responsibility: \_\_\_\_\_  
\_\_\_\_\_

Potential for advancement \_\_\_\_\_  
\_\_\_\_\_

Degree of supervision needed \_\_\_\_\_  
\_\_\_\_\_

Overall attitude \_\_\_\_\_  
\_\_\_\_\_

12. Is there anything else of significance we should know?

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Reference checked by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT INTERVIEW**  
 (MANAGEMENT USE ONLY)

Applicant's Name \_\_\_\_\_ Position \_\_\_\_\_

1. Have you worked in this area before?  
 \_\_\_\_\_
2. What was the nature of your job?  
 \_\_\_\_\_  
 \_\_\_\_\_
3. What are your weaknesses?  
 \_\_\_\_\_  
 \_\_\_\_\_
4. What are your strengths?  
 \_\_\_\_\_  
 \_\_\_\_\_
5. What are your limitations?  
 \_\_\_\_\_  
 \_\_\_\_\_
6. If hired, when could you start work?  
 \_\_\_\_\_  
 \_\_\_\_\_
7. What days and times are best for you?  
 \_\_\_\_\_  
 \_\_\_\_\_
8. Other comments:  
 \_\_\_\_\_  
 \_\_\_\_\_

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◇ Hired  
 Date of Hire: \_\_\_\_\_ ◇ Full-time ◇ Part-time  
 Starting Date: \_\_\_\_\_ Salary: \_\_\_\_\_

◇ Not Hired  
 Comments: \_\_\_\_\_

\_\_\_\_\_  
*Management Signature*

\_\_\_\_\_  
*Date*