

# APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE)

(AN EQUAL OPPORTUNITY EMPLOYER)

<b>PERSONAL INFORMATION</b>				<b>DATE:</b> _____	
NAME (LAST NAME FIRST MIDDLE)			SOCIAL SECURITY NO.		
PRESENT ADDRESS	APT. NO.	CITY	STATE	ZIP	
PERMANENT ADDRESS	APT. NO.	CITY	STATE	ZIP	
ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO		HOME PHONE	CELL PHONE		
ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? YES ____ NO ____					

Convicted of a felony or misdemeanor? \*\* Yes \_\_\_\_ No \_\_\_\_  
 Placed on probation or terminated for poor job performance? Yes \_\_\_\_ No \_\_\_\_  
 Disciplined or discharged for violating a safety rule? Yes \_\_\_\_ No \_\_\_\_  
 Disciplined or terminated for absenteeism, tardiness, failure to notify your company when absent or any other attendance-related reason? Yes \_\_\_\_ No \_\_\_\_  
 Disciplined or fired for fighting, assault or similar offenses? Yes \_\_\_\_ No \_\_\_\_  
 Disciplined or discharged for being under the influence of alcohol or drugs, or for possession, use or abuse of alcohol or drugs? Yes \_\_\_\_ No \_\_\_\_  
 If you answered yes to any of the above questions, please describe: \_\_\_\_\_  
 \_\_\_\_\_

I understand that I may be required to provide information for employment, references, credit and background checks.

\*\*You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

<b>EMPLOYMENT DESIRED</b>			
POSITION	DATE YOU CAN START	SALARY DESIRED	
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?	

<b>EDUCATION</b>				
SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

<b>GENERAL</b>
SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK
PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES

<b>FORMER EMPLOYERS</b> (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)				
DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO	Telephone #			
FROM				
TO	Telephone #			
FROM				
TO	Telephone #			

**REFERENCES:** BELOW, GIVE THE NAMES OF THREE WORK-RELATED REFERENCES. ONLY GIVE REFERENCES YOU ARE PREPARED FOR MMA TO CONTACT.  
 References for current employer can be provided at a later date.

	NAME	ADDRESS	TELEPHONE NUMBER	NAME OF BUSINESS	YEARS KNOWN
1					
2					
3					

**PHYSICAL RECORD:**

Do you have any physical limitations that preclude you from performing any work for which you are being considered?  
 Yes  No

If Yes, what can be done to accommodate your limitation?  
 Please Describe:

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In Case of Emergency

NAME	ADDRESS	PHONE NO.

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is provided on an at-will basis for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice."

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

INTERVIEWED BY:	DATE:
HIRED: <input type="checkbox"/> Yes <input type="checkbox"/> No	POSITION: _____ DEPT.: _____
SALARY/WAGE _____	DATE REPORTING TO WORK _____
APPROVED: 1. _____	2. _____ 3. _____
EMPLOYMENT MANAGER	DEPT. HEAD
	GENERAL MANAGER

**AUTHORIZATION AND RELEASE FORM**

I, \_\_\_\_\_, having applied for employment, do hereby  
(Please Print)

authorize ALL FACTS, INC. to obtain any information regarding my credit, traffic information, including history of violations and status of Driver's License, education history, and employment history including evaluations. Said information is to be released to ALL FACTS, INC., for dissemination to \_\_\_\_\_. I further release and hold harmless any employee of ALL FACTS, INC., and any business or individual who supplies said information, from any liability resulting from dissemination of said information.

Driver's Lic. No. \_\_\_\_\_ State \_\_\_\_\_ \*Sex \_\_\_\_\_

**PLEASE PROVIDE A COPY OF  
YOUR DRIVERS LICENSE**

Date of Birth \_\_\_\_\_ \*Race \_\_\_\_\_

Social Security Number \_\_\_\_\_ \*Place of Birth \_\_\_\_\_

Other Names (Maiden/Aliases)/Dates \_\_\_\_\_

How many years have you lived in Georgia? \_\_\_\_\_

Addresses (past 7 years), Present: 1. \_\_\_\_\_  
Including ZIP CODES \_\_\_\_\_  
(Please Print) 2. \_\_\_\_\_  
(any additional please list on back of form) 3. \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ 4. \_\_\_\_\_

Date \_\_\_\_\_

\*Required for criminal record identification purposes only.

**CONSENT FORM**

I hereby authorize ALL FACTS, INC./\_\_\_\_\_ to receive any criminal history record information pertaining to me which may be in the files of any State or local criminal justice agency in Georgia or any other State.

Signature of Applicant \_\_\_\_\_

Notary \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

All Facts, Inc.  
Atlanta, Georgia  
(404) 257-3335  
(404) 257-9500 Fax

**DISCLOSURE TO EMPLOYMENT APPLICANT  
REGARDING PROCUREMENT OF  
CONSUMER REPORT**

In connection with your application for employment, we may procure, or cause to be procured, a consumer report on you as part of the process of considering your candidacy as an employee. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision we will provide you with a copy of the consumer report and a description in writing of your rights under the law.

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Applicant's Name

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Social Security Number

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Address

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City, State, Zip