



170 College Street, Macon, Georgia 31201, (478)-743-9801

An Equal Opportunity Employer

Application For Employment

Date: _____

Personal Information

Last Name Middle Name First Name Social Security Number

Street Address City State ZIP Code

Phone [] Yes [] No Are you 21 years old or over? [] Yes [] No If not, do you have a work permit?

Position Desired

Position Desired Date Available

[] Full-Time [] Part-Time [] Temporary [] Summer [] Internship Type of Employment

[] Advertisement [] Agency [] Employee Referral [] Other What prompted your application to our company?

[] Yes [] No Have you ever applied here before? If yes, give date. [] Yes [] No Can you, after employment, submit verification of your identity and legal right to work in the United States? If you are not a citizen, what is your visa status?

[] Yes [] No Have you ever been convicted of a felony? (Do not include convictions that have been sealed, expunged, or statutorily eradicated.) Explain below.

Skills

- | | | |
|--|------------------------------------|---|
| <input type="checkbox"/> Adding Machine | <input type="checkbox"/> Apple II | <input type="checkbox"/> Truck |
| <input type="checkbox"/> Dictaphone | <input type="checkbox"/> IBM PC | <input type="checkbox"/> Pallet Jack |
| <input type="checkbox"/> Typing | <input type="checkbox"/> Windows | <input type="checkbox"/> Shipping/Receiving |
| <input type="checkbox"/> Shorthand | <input type="checkbox"/> Inventory | <input type="checkbox"/> Other* |
| <input type="checkbox"/> Apple Macintosh | <input type="checkbox"/> Fork Lift | |

If applicable to the position for which you are applying, indicate knowledge of the above skills or machines.

*Explain other skills and/or list additional skills, aptitudes, or educational courses/degrees you have which you feel could qualify you for the type of work you seek with this company.

Medical

Explain any previous illness, injuries, or disabilities which would affect your performance of the job applied for:

Education and Training

	High School	College/ University	College/ University
Name:			
Location:			
Date Attended From:			
Date Attended To:			
Major:			
Degree:			
Date of Degree:			

List other job related training, scholastic honors, and vocational and/or professional information.

Experience

	Present or Most Recent Employer	Previous	Previous
Company:			
Address:			
Supervisor's Name:			
May We Contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Your Job Title:			
Date Employed From:			
Date Employed To:			
Starting Salary:			
Ending Salary:			
Reason for Leaving:			

Have you previously been employed by any agency providing services to persons who experience developmental disabilities? Yes No

Name _____ Dates of Employment: From _____ To _____
 Name _____ Dates of Employment: From _____ To _____

References

	Reference 1	Reference 2	Reference 3
Name:			
Address:			
Phone:			
Relationship:			

I agree to comply with all the rules of this company. I hereby affirm and declare that all the foregoing statements are true and correct, and that I have not knowingly withheld any facts that would, if disclosed, affect my application unfavorably. The company is hereby authorized to conduct any investigation it deems necessary with respect to information set forth on this application. I hereby unconditionally release Star Choices, Inc., any named or informant from any and all liability resulting from the furnishing of this information.

Signature of Applicant _____ Date _____

Written Interview Questions

1. What is your opinion about persons with disabilities working and living in the community?
 2. What would you consider a desirable future for a person with a disability?
 3. Describe your interests and hobbies and list all memberships and organizations in which you participate.
 4. What is your greatest gift and how can you use it to empower people with disabilities to live fulfilling lives?
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