



EARLY COUNTY GIN, INC.

P O Box 510, Blakely, Georgia 39823
 229-723-6600 Fax 229-723-6858

APPLICANT INFORMATION										
Last Name					First				M.I.	Date
Street Address							Apartment/Unit #			
City					State				ZIP	
Phone					E-mail Address					
Position Applied for										
Have you ever worked for this company under a different name?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, name?						
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain						
If employed, can you submit a birth certificate or other proof of U.S. Citizenship or other proof of the right to remain in or work in the U.S.?								YES <input type="checkbox"/>	NO <input type="checkbox"/>	
EDUCATION AND SKILLS										
High School					Address					
From	To				Diploma					
College					Address					
From	To				Field of Study					
Other					Address					
From	To				Field of Study					
Languages spoken/written:					Skills:					
REFERENCES										
<i>Please list three persons who are willing to provide professional and/or character references.</i>										
Full Name					Relationship					
Company					Phone		()			
Address										
Full Name					Relationship					
Company					Phone		()			
Address										
Full Name					Relationship					
Company					Phone		()			
Address										

PREVIOUS EMPLOYMENT									
Company							Phone		()
Address							Supervisor		
Job Title			Starting Salary		\$		Ending Salary		\$
Responsibilities									
From		To		Reason for Leaving					
Company							Phone		()
Address							Supervisor		
Job Title			Starting Salary		\$		Ending Salary		\$
Responsibilities									
From		To		Reason for Leaving					
Company							Phone		()
Address							Supervisor		
Job Title			Starting Salary		\$		Ending Salary		\$
Responsibilities									
From		To		Reason for Leaving					
Company							Phone		()
Address							Supervisor		
Job Title			Starting Salary		\$		Ending Salary		\$
Responsibilities									
From		To		Reason for Leaving					
MILITARY SERVICE									
Branch						From			To
Rank at Discharge					Any education or job-related experience as it relates to a particular job:				
OTHER									
Do you have any physical, mental or sensory handicaps which might affect work performance or which should be considered in job placement?									

Can you meet specified work schedules, (Example: Night shift, seven days/week) or do you have activities, commitments, or responsibilities that may hinder the meeting of work attendance requirements?									

Name, address, phone of person(s) to be notified in case of accident or emergency:									

DISCLAIMER AND SIGNATURE									
I certify that my answers are true and complete to the best of my knowledge.									
I understand that this application is not a guarantee of employment. I understand that false or misleading information in my application or interview may result in my release.									
Signature						Date			