



P.O. BOX 1047      PHONE: 706-657-4341  
 TRENTON, GA 30752      FAX: 706-657-6778  
 EMAIL: CUSTOMERSERVICE@MYDADEWATER.COM  
 (THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER)

# Job Application

## Personal Information

Last		First		MI	Email:	
Street Address		City	ST	Zip	Home Phone:	Mobile Phone:
Are you entitled to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Seperated		Date of Birth:
Have you been convicted of a felony or been incarcerated in connection with a felony in the past seven years? <input type="checkbox"/> Yes <input type="checkbox"/> No				Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latin <input type="checkbox"/> Asian <input type="checkbox"/> American Imdian/Alaskan Native <input type="checkbox"/> Other: _____		
Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No		Branch:		Social Security Number:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
What position are you applying for?				How did you hear about this position?		
Expected Hourly Rate		Expected Weekly Earnings		Date Available		

## Prior Work Experience

	Current or Most Recent		Prior		Prior	
Employer						
Address						
City, ST, ZIP						
Telephone						
Name of Immediate Supervisor						
Dates of Employment	From	To	From	To	From	To
Position/Job Title						
Pay						
Reason for Leaving						
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	

## Education

	Name/Location	Last Year Complete				Degree	Major or Emphasis
High School		9	10	11	12		
College/University		1	2	3	4		
Trade School							
Other							
List any applicable special skills, training or proficiencies.							

Disclaimer - By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also provide consent for former employers to be contacted regarding work records.	Signature	Date
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