

Job Title
(1)
(2)



NEWNAN CENTRE
 Equal Opportunity Employer
EMPLOYMENT APPLICATION

NEWNAN CENTRE • TEL: 678-673-5494 • FAX: 770-683-6395
 1515 LOWER FAYETTEVILLE ROAD, NEWNAN, GA 30265

Application Received By: In Person Mail Fax E-Mail **Date Application Received:** _____

Please complete all sections. Only complete applications will be considered. If not applicable, please write "N/A".

PERSONAL/GENERAL INFORMATION			
Name (Last, First, Middle)		Address (Street, City, State, Zip)	
Phone Number 1	Phone Number 2	Email Address	
Former Employee? Yes No (If yes, complete section on right)	Job Title and Department	Dates of Employment	
How did you learn of this position? Walk-in Internet Newspaper Other (Please specify):			
Are any members of your household or relatives (by blood or marriage as close as first cousins) employed by the Newnan Centre? Yes No (If yes, specify name and relationship):			
Are you legally authorized to work in the United States? Yes No (If no, what steps must be taken for you to begin employment lawfully?):			
Have you ever been convicted of a crime, or pled guilty or nolo contendere to any crime? Yes No Note: Answering "yes" to this question does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness, and nature of the violation, and rehabilitation will be taken into account. (Do not include minor traffic infractions, juvenile convictions unless charged and convicted as an adult, convictions for which the record has been sealed or expunged, or referrals to and participation in any pretrial or post trial diversion programs in answering this question.) If you answered yes to this question, please complete the following:			
Conviction Type (Felony/Misdemeanor)	Offense	Date	Location (City, State)

EDUCATIONAL HISTORY	
High School Diploma GED	If you did not complete high school, what is the last grade you completed? 9th 10th 11th
School Name and Location (City, State):	
College/University	Graduated? Yes No (If yes, specify degree, major, and minor, if any):
School Name and Location (City, State):	
If you did not graduate, what is the last year you completed?	

Technical School	Completed? Yes No (If yes, specify program):
School Name and Location (City, State):	

Other School	Completed? Yes No (If yes, specify program):
School Name and Location (City, State):	

Other School	Completed? Yes No (If yes, specify program):
School Name and Location (City, State):	

EMPLOYMENT HISTORY

Describe your work history for the past 10 years, including military if applicable. List the names of your present or previous employers in chronological order with present or most recent employer listed first. Failure to provide complete information regarding each job held may result in your disqualification. A resume may be attached only as additional information and will not be accepted in lieu of completing this section.

Name of Employer	Address (Street, City, State)	Phone Number
Dates of Employment	Job Title	
Supervisor's Name	Description of Duties	
Reason for Leaving		

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Reason for Leaving

Please explain any gaps in your employment history. Be sure to account for all periods of time including military service and any periods of unemployment.

Have you ever been terminated or asked to resign from any job? Yes No (If yes, please explain circumstances):

May we contact your current employer? Yes No (If no, please explain):

RELEVANT EXPERIENCE

List any professional designations, certifications, licenses, courses, or special skills that may be applicable to the job for which you are applying:

Please describe any other experience (to include military) that you have which would be relevant to the job for which you are applying:

REFERENCES

List four (4) references we may contact (not relatives) who have knowledge of your character and qualifications. Please include at least two (2) most recent or current supervisors.

1.	Name	Phone Number	City & State	Occupation	Type of Reference Work Personal
2.	Name	Phone Number	City & State	Occupation	Type of Reference Work Personal
3.	Name	Phone Number	City & State	Occupation	Type of Reference Work Personal
4.	Name	Phone Number	City & State	Occupation	Type of Reference Work Personal

APPLICANT'S CERTIFICATION AND AUTHORIZATION (Please read and initial next to each of the following statements.)

_____ I understand that the Newnan Centre is committed to providing equal opportunity in all employment practices, including but not limited to selection, hiring, promotion, transfer, and compensation to all qualified applicants and employees without regard to age, race, color, national origin, gender, religion, disability, military service, or any other category protected by federal, state, or local law.

_____ I authorize former and present employers, and professional, work, and personal references listed on my application and any other individuals I may name to provide the Newnan Centre or its designee any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release such parties from all liability for any damages that may result from furnishing same to the Newnan Centre. I also authorize the Newnan Centre to provide truthful information concerning my employment with it to future employers, and I agree to hold it harmless for providing such information.

_____ I understand that if I am offered a position, I may be required to submit to a pre-employment physical and drug screen. I also understand that the Newnan Centre will conduct an extensive background check including but not limited to some or all of the following: contacting past employers, schools attended, criminal history, motor vehicle record, and credit check.

_____ I understand that this employment application and any other Newnan Centre documents are not promises of employment. Should I be employed, I understand that my employment will be on an at-will basis. I further understand that if I am employed, I can terminate my employment at any time with or without cause and with or without advance notice and that the Newnan Centre has a similar right.

_____ I certify that the information I have provided on this application is true and correct to the best of my knowledge and belief and that I have not knowingly withheld any fact that would affect my application. Any misrepresentation, falsification or concealment of any fact shall be sufficient reason for refusal of employment or immediate discharge at any time during my employment that such false or misleading statement or concealment of any fact becomes known.

_____ This application will be considered "active" for a maximum of ninety (90) days. I understand that if I wish to be considered for employment after that time, I must reapply.

I have read and understand the above statements.

Signature _____

Date _____