

Middle Georgia Community Action Agency, Inc.



121 Prince Street Warner Robins, GA 31093
Phone: (478) 922-4464 Fax: (478) 293-4575
Email: hr@mgcaa.org

Application for Employment

Equal opportunity employer. This application will not be considered unless fully completed.

Last Name		First Name		Middle Name	
Street Address			City	State	Zip Code
Telephone Number		Alt. Telephone Number		Email Address	

Have you ever been employed at this agency or any of its subsidiaries? Yes No
If Yes:

Location	Date(s) of Employment
Reason for Leaving	Name employed if now different

Position Applying for	Expected Rate of Pay	Date Available to Start
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List any relatives employed by MGCAA, Inc. How are you related and where do they work?

Are you 18 years of age or older? Yes No
Type of employment desired? Part-Time Full-Time
Will you be able to submit verification of your legal right to work in the United States? Yes No

Check the highest level or equivalent completed:

Elementary School 8 or Less
High School 9 10 11 12
College/Tech 1 2 3 4
Are you currently a student? Yes No

Name of college, university, or votech attended? _____

Employment History

List entire employment history, present employer first. For any unemployed or self-employed periods provide dates and location. (Attach additional sheets if necessary)

Company Name / Address: _____	
Phone Number: _____	Supervisor's Name: _____
Your Position: _____	Last Rate of Pay: _____
Dates of Employment: From _____ To _____	
Reason for Leaving: _____	
Company Name / Address: _____	
Phone Number: _____	Supervisor's Name: _____
Your Position: _____	Last Rate of Pay: _____
Dates of Employment: From _____ To _____	
Reason for Leaving: _____	
Company Name / Address: _____	
Phone Number: _____	Supervisor's Name: _____
Your Position: _____	Last Rate of Pay: _____
Dates of Employment: From _____ To _____	
Reason for Leaving: _____	

If currently employed, may we contact your employer? Yes No

DECLARATION

- Have you ever been dismissed from any government position? Yes No
- Do you have any pending or prior arrests? Yes No
- Do you have any pending or prior charges related to child sexual abuse? Yes No
- Have you ever been convicted of any form of child abuse/neglect? Yes No
- Have you ever been convicted of a felony? Yes No
- Have you ever been convicted of any type of theft or fraud? Yes No

If Yes, please identify the crime for which you were convicted, the data of the conviction and the location of the court in which you were convicted. Please provide any details you feel are relevant. Conviction of a crime will not automatically disqualify you from consideration for employment, but will be considered as part of an overall evaluation of your qualifications.

List two (2) people, not related to you, you have worked with and whom we may contact for reference:

Name: _____	Name: _____
Phone Number: _____	Phone Number: _____
Occupation: _____	Occupation: _____
Address: _____	Address: _____
City/State: _____	City/State: _____

Do you have any friends or relatives working for the agency? Yes No

If Yes, who and what relation? _____

IMPORTANT – We are glad you are interested in joining our agency. Please read the following statements carefully before you sign and return this application.

The company, in considering my application for employment may verify the information set forth on this application and obtain additional background information relating to my background. I authorize all persons, schools, companies, corporations, credit bureaus, and law enforcement agencies to supply any information concerning my background. I have read, understand, and agree to this statement.

Please initial here: _____

I understand that MGCAA, Inc. has a commitment to maintain alcohol/drug-free workplace and that MGCAA, unless prohibited by state laws, requires a drug screening test as a part of its selection and hiring process. I understand that such drug screening will consist of the testing of a urine sample or other medically recognized test designed to detect traceable amount of controlled substance in my body. If the results of the test are positive, I will be disqualified from consideration for employment and any offer of employment withdrawn. I further understand and agree that if I am employed, I may be required to submit to alcohol/drug testing under certain circumstances during my employment. I have read, understand, and agree to this statement.

Please initial here: _____

I certify that the information on this application is correct and I understand that any misrepresentation or omission of any information will result in my disqualification from consideration for employment or, if employed, my dismissal. I understand that this application is not a contract, offer, or promise of employment and that if hired I will be able to resign at any time for any reason. Likewise, the company can terminate my employment at any time with or without cause. I have read, understand, and agree to this statement.

Please initial here: _____

I understand that this application is good only for the position in which I am applying. If I desire any other position with the company, it will be my responsibility to fill out a new application and file it with the company. Otherwise, the company will not consider me for the employment after this application expires.

Date of Application

Signature of Applicant
*as shown on Social Security Card