

Human Resource Department Employment Office 5450 Abercorn Street Savannah, GA 31405

912/355-5550

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability, veteran status, or other protected classification. All offers of employment are contingent upon a positive background check and criminal history prior to employment. A health screening/physical is required prior to employment. Successfully passing a drug screen prior to employment may be required. For this type of employment, state law requires a criminal record check as a condition of employment.

Dear Applicant:

Thank you for your interest in our organization. Please read and complete the employment application completely and carefully. You may attach your resume to the application, however, we do require that you complete the work history section of the application form. Please complete all of the blanks on the employment application as we are unable to process incomplete applications. Your application will be reviewed and if your qualifications parallel those required of our current openings, you will be contacted, otherwise your application will only be considered for 120 days. Consideration after that period will require a new employment application.

Thank you for considering Buckingham South as an employment choice.



EMPLOYMENT APPLICATION

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PLEASE PRINT:

Name:		Date:	
(Last Name)	(First) (Middle))	
Address:			
Address:(Street) (Apt #)	(City)	(State)	(Zip)
Telephone Number: ()	Alternate Number: ()		
Are you over 18 years old? $\hfill \Box$ Yes $\hfill \Box$ No $\hfill f$	ot, employment is subject to verification	ation of age.	
Are you legally eligible for employment in the L	Jnited States? 🗌 Yes 🗌 No		
How did you learn of this opening? $\hfill \Box$ En	nployee Referral (please list name o	of employee):	
	ewspaper		
	b Fair		
□ Ot	her: (please list)		
POSITIONS APPLIED FOR:			
<i></i>			
(1)	(2)		
Area(s) of Interest::			
Shift Preferred: 7 A.M 3 P.M. 3 P.M	11 P.M. 🗌 11P.M. – 7 A.M. 🗌	Full-Time Part-Time	
Hourly wage or salary desired?	When are you availa	able to start?	
Are you willing to work all hours, shifts or da	iys as required? \Box Yes \Box No $$ If r	no, please list those hou	rs, shifts and days
that you are willing to work?			
Are you available to work weekends? \Box Ye	es \Box No Are you willing to work of	overtime if asked? \Box Ye	es 🗌 No
Have you ever been convicted of a crimina	l offense or have you ever been or	are you currently a defe	ndant in a criminal
proceeding? (Includes misdemeanors, de	ferred adjudication, and probated s	entence.) 🗌 Yes 🗌 No	
If yes, state the offense, date, location and	disposition. (Conviction will not ner	cessarily disqualify an a	pplicant for
employment.)			

APPLICANT NAME: Page Two			
MILITARY HISTORY: Branch:		Member of Reserves? Yes No Active Inactive	ve
PROFESSIONAL LICENSURE/CERTIFICATIO	ONS:		
Type/Number:	State Issued: _	Expiration Date:	_
CPR Certified: Yes No Date:	Current	Tuberculosis Screening? Yes No Date:	_
Current Health Physical: Yes No Date:			
Other Skills, Experiences or Qualifications:			

EDUCATION HISTORY:

EDUCATION	Name & Location of School	Did you graduate?	No. of Years Completed	Degree or Diploma
High School		Yes		
		🗌 No		
		Yes		
College/University		🗌 No		
		Yes		
College/University		🗌 No		
Technical School		Yes		
		🗌 No		
Other Special Training/	Education/Languages:			

WORK HISTORY: May we contact your present employer? See No

Most Recent Employer:	Address:	Telephone:
Date Started:	Starting Position:	
Starting Salary: \$ Per		
Date Left:	Position on Leaving:	
Salary on Leaving: \$ Per		
Name and Title of Supervisor:		
Description of Duties:		
Description of Duties:	Reason for Leaving:	

APPLICANT NAME: ______ Page Three

Previous Employer:	Address:		Telephone:
Date Started:	Starting Po	DSITION:	
Starting Colony, C. Dar			
Starting Salary: \$ Per			
Date Left:	Position or	Leaving:	
		C C	
Salary on Leaving: \$ Per			
Name and Title of Supervisor:			
Description of Duties:		Reason for Leaving:	
		rtoaborr for Eoawrig.	

Previous Employer:	Address:		Telephone:
Date Started:	Starting Pos	sition:	
Starting Salary: \$ Per			
Date Left:	Position on	Leaving:	
Salary on Leaving: \$ Per			
Name and Title of Supervisor:			
Description of Duties:		Reason for Leaving:	

Previous Employer:	Address:		Telephone:
Date Started:	Starting Po	osition:	
Starting Salary: \$ Per			
Date Left:	Position or	Leaving:	
Salary on Leaving: \$ Per			
Name and Title of Supervisor:			
Description of Duties:		Reason for Leaving:	

APPLICANT NAME: _ Page Four

Previous Employer:	Address:	Telephone:
Date Started:	Starting Position:	
Starting Salary: \$ Per		
Date Left:	Position on Leaving:	
Salary on Leaving: \$ Per		
Name and Title of Supervisor:		
Description of Duties:	Reason for Leavin	g:

(Should you need additional space, please obtain extra work history form from receptionist or attach information.)

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this Application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize Buckingham South to make an investigation of nay of the facts set forth in this application; including criminal history, professional/technical certification or licensure, driving record, education and credit history as it relates to my employment, and I hereby release Buckingham South from all liability for any damages in obtaining this information. I understand that I am required to have a health screening/physical prior to employment. I understand that upon an offer of employment, I may be required to pass a drug test prior to employment.

I understand that employment with Buckingham South is "at will," which means that either I or Buckingham South can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no person, supervisor, manager or executive is authorized to alter any of the foregoing or to enter into any written or verbal employment contracts without the express written consent of the Executive Director or Administrator.

Date:	Applicant's Signatur	e:		
Social Security Number:				
Driver's License Number:			State:	
To be completed by Human Reso	urces if the applicant is	iob offered:		
Position offered:		Dept:	Cost Code:	
□ Full-Time □ Part-Time □	PRN Shift:		Exempt	□ Non-Exempt
Hourly Rate:	Salary:		Anticipated Start Date:	
Buckingham South Representative	•		Date	