



AT-WILL EMPLOYMENT APPLICATION
Equal Opportunity Employer

(PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE)

THIS APPLICATION IS NOT AN EMPLOYMENT CONTRACT but merely is intended to provide information necessary to evaluate suitability for employment. It is the policy of the company to provide equal employment to all qualified persons without discrimination on the basis of sex, race, color, religion, age, marital status, national origin, citizenship, disability, genetic information, veteran status, or any other status protected under state or federal law.

PERSONAL INFORMATION

Name Last First Middle Social Security #
Home Phone Cell Phone

Please list below your current address and your two other most recent previous addresses:
Current Street City State Zip Since (Mo/Yr)
Previous Street City State Zip Since (Mo/Yr)
Previous Street City State Zip Since (Mo/Yr)
E-Mail Address

EDUCATION

High School Attended City, County & State Did you earn a Diploma?
Undergraduate College Attended City, State Areas of Study Degree Certificate/Diploma
Graduate College Attended City, State Areas of Study Degree Certificate/Diploma
Trade, Business or Other School City, State Areas of Study Degree Certificate/Diploma

EMPLOYMENT INFORMATION

Position Applied For: Date You Can Start Work: Desired Salary: \$ Negotiable [] Yes [] No

Do You Prefer: [] Full Time [] PRN Can You Work: [] Weekends [] Evenings [] Nights

Please answer all of the following questions. When necessary, note question number and use an extra paper to provide explanation:

- 1) Are you at least 18 years of age and legally eligible for work in the United States? [] Yes [] No
2) Will you work overtime when necessary? [] Yes [] No
3) Are you related to anyone who works for the Jimmy Simpson Foundation? [] Yes [] No
If so, who?
4) Are you on layoff and subject to recall? [] Yes [] No
5) Are you currently bound by a noncompetition or trade secret agreement? (If yes, please explain) [] Yes [] No
6) Have you ever been discharged or asked to resign from a job? (If yes, please explain) [] Yes [] No
7) Have you ever been convicted of or pled guilty of a felony or other crime? (If yes, please explain) [] Yes [] No

EMPLOYMENT HISTORY

MAY WE CONTACT YOUR PRESENT EMPLOYER? [] Yes [] No

Please list below your last three (3) employers beginning with the most recent:

Most Recent Employer City State Zip Code Phone
Position Held Dates From/To Pay Rate Upon Leaving Supervisor
Duties Reason for Leaving

Continue on the back of this page

Next Most Recent Employer	City	State	Zip Code	Phone
Position Held	Dates From/To	Pay Rate Upon Leaving \$	Supervisor	
Duties		Reason for Leaving		

Next Most Recent Employer	City	State	Zip Code	Phone
Position Held	Dates From/To	Pay Rate Upon Leaving \$	Supervisor	
Duties		Reason for Leaving		

JOB-RELATED SKILLS

If the position you are applying for requires driving a motor vehicle, Please answer the following questions:

- 1) Do you have a valid driver's license? Yes No
 (If Yes: Driver's License Number) _____ Date of Issue: _____
- 2) Have you been convicted of or pled guilty to any traffic-related offense within the past five years? Yes No
- 3) Have you had your driver's license suspended or revoked, or had your driving privileges modified by a court of law? Yes No
- 4) Please list all states from which you hold or have held a driver's license:

Please use this space to list any special skills you may have that relate to the position applied for:

Please list any professional licenses, designations, certifications, etc. that may relate to the position applied for. Include date granted, name of organization, and any other relevant information.

- 1)
- 2)
- 3)

APPLICANT'S CERTIFICATION AGREEMENT

- 1) I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts on this application (or on any required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.
- 2) I authorize the investigation of all statements contained in this application and release from all liability any persons or employers supplying such information, and I also release the company from all liability that might result from making the investigation.
- 3) If I am offered and accepted a position, I agree to conform to all existing and future Company rules and regulations and I understand that the Company reserves the right to change wages, hours and working conditions as deemed necessary. **I also understand that, if hired, my employment will be at-will, meaning that either party can end the employment relationship at any time and for any or no reason.**
- 4) I understand that any employment offer is contingent upon my providing, within three (3) working days of employment, valid proof of identity and eligibility to work in order to comply with the Immigration Reform and Control act of 1986.
- 5) I have read and reviewed the information provided in this application and the above statement. By signing this application for employment I certify that I understand all parts of it and have answered all questions completely and fully.
- 6) I understand that Jimmy Simpson Foundation is a Drug Free Work Place and preformed pre-hire and random drug testing.

Signature _____

Date _____

This application will remain active for 180 days.

PLEASE READ CAREFULLY

APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

We truly welcome your application with The Jimmy Simpson Foundation (Hereinafter referred to as Company.) We're proud that our success is the result of the quality and caliber of our employee. You are applying for a position whose acceptance will place you in a category of recognized Professionals. In pursuit of that excellence we require, as a condition of employment, and/or continued employment, that all applicants consent to and authorize a pre-employment verification of their background, including, but not limited to, information submitted on their application or resumes.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statement will be considered as cause for possible dismissal.

This release and authorization acknowledges that the Company may now, or at any time while I am employed, conduct a verification of my education, previous employment/work history, credit history, motor vehicle records, contact personal references, require that I provide a urine specimen to be tested for the presence of drugs or alcohol, investigate worker's compensation claims and obtain any criminal or civil history record information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency in any state or province or any information as deemed necessary to fulfill the job requirements.

I have read and understand this release and consent, and I authorize the background verification. I authorize persons, schools, current and former employers and other organizations and Agencies to provide this Company with all information that may be requested, and I hereby release all of the persons and Agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original.

I do hereby agree to forever release and discharge the Company, its agent, and their associates to the full extent permitted by law from claims, damages, cost, and expenses, or any other charges or complaint filed with any agency arising from the retrieving and reporting of information.

APPLICANT:

Signature: _____ SS#: _____

Name typed or printed: _____ Date: _____

Address: _____ City: _____

State/Zip: _____ Date of Birth: _____ License #: _____

NOTE: Birth date is used only to verify criminal and civil records and will not be used by this organization to make a hiring decision.





PRE-EMPLOYMENT DRUG TESTING CONSENT AND RELEASE FORM

I hereby consent to submit to urinalysis and/or other tests as shall be determined by *Jimmy Simpson Foundation* in the selection process of applicants for employment, for the purpose of determining the drug content thereof.

I agree that *Jimmy Simpson Foundation, or contracted Lab or Physician* may collect these specimens for these tests and may test them or forward them to a testing laboratory designated by the Company for analysis.

I further agree to and hereby authorize the release of the results of said tests to the Company.

I understand that it is the current use of illegal drugs that would prohibit me from being employed at this Company.

I further agree to hold harmless the Company and its agents (including the above named physician or clinic) from any liability arising in whole or part, out of the collection of specimens, testing, and use of the information from said testing in connection with the Company's consideration of my application of employment.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

APPLICANT:

Print Name: _____ S.S.#: _____

Signature: _____ Date: _____

WITNESS:

Print Name: _____

Signature: _____

CRIMINAL HISTORY RELEASE

AUTHORIZATION TO RELEASE INFORMATION STATEWIDE GA

H&H SERVICES, INC

706-565-0067 FAX

TO WHOM IT MAY CONCERN

I hereby authorize the representative of H&H Services, Inc. bearing this release, or copy thereof within one year of its date, to obtain any information in your files pertaining to my criminal history or activity. Further authorizations extended to all Police Department, Sheriff's Department, Clerk of Courts, to furnish the bearer with information, and any other records containing information relating to my criminal background. I hereby release you, as the custodian of such records, including its officers, employees, or relate personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this information and request to release information, or any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me as indicated below.

FULL NAME (signature): _____ DATE: _____

FULL NAME (print): _____

DATE OF BIRTH: _____ RACE: _____ SEX: _____

SOCIAL SECURITY NUMBER: _____

CURRENT ADDRESS: _____

CITY: _____ STATE: _____ COUNTY: _____



Please return any and/or all information to The Jimmy Simpson Foundation via fax: 706-375-9521, Attn: Jeremy McElhane