

APPLICATION FOR EMPLOYMENT SOUTHERN CROSS CORP.

4487 S. Old Peachtree Rd, Norcross, GA 30071
Fax- 770.662.5228

Southern Cross Corp. is an equal opportunity, affirmative action employer. We provide equal employment opportunities without regard to race, creed, color, religion, national origin, sex, age, or disability (provided the individual can perform the essential functions of the position with or without reasonable accommodation) in connection with hiring, placement, promotions and other employment decisions.

The Company requests that any applicant inform the Company within a reasonable period of time of the need for any accommodation in order to complete an employment application and/or test.

DATE _____

PERSONAL INFORMATION

NAME			SOCIAL SECURITY NUMBER :		
LAST	FIRST	M I			
<hr/>					
PRESENT ADDRESS					
STREET	CITY	STATE	ZIP		
<hr/>					
PERMANENT ADDRESS					
STREET	CITY	STATE	ZIP		
<hr/>					
ARE YOU 18 YEARS OR OLDER?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	PHONE NO. ()	
<hr/>					
EMAIL ADDRESS: _____					

EMPLOYMENT DESIRED

POSITION: _____	AVAIL TO START: _____	DESIRED PAY: _____
ARE YOU CURRENTLY EMPLOYED?	IF YES, MAY WE CONTACT YOUR PRESENT EMPLOYER?	ARE YOU WILLING TO TRAVEL?
<hr/>		
HAVE YOU EVER APPLIED WITH OUR COMPANY?	LOCATION?	WHEN?
<hr/>		
HAVE YOU EVER BEEN HIRED BY OUR COMPANY?	LOCATION?	WHEN?
<hr/>		
NAME OF LAST SUPERVISOR _____		
<hr/>		
REASON FOR LEAVING: _____		
<hr/>		
WHO REFERRED YOU TO THIS COMPANY?	<input type="checkbox"/> NEWSPAPER AD	<input type="checkbox"/> CURRENT EMPLOYEE
	<input type="checkbox"/> COLLEGE PLACEMENT SERVICE	<input type="checkbox"/> STATE EMPLOYMENT AGENCY
		<input type="checkbox"/> OTHER
		<input type="checkbox"/> INTERNET SOURCE

EDUCATION

SCHOOL LEVEL	NAME, CITY, AND STATE OF SCHOOL	*NO. OF YEARS ATTENDED?	COMPLETED/GRADUATE?	SUBJECTS STUDIED WHICH YOU BELIEVE WOULD BE HELPFUL TO YOU IN PERFORMING THE JOB FOR WHICH YOU ARE APPLYING
HIGH SCHOOL				
COLLEGE				
TRADE BUSINESS OR CORRESPONDENCE SCHOOL				
OTHER				

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH MOST CURRENT)

PRESENT OR MOST RECENT EMPLOYER:

ADDRESS:

START DATE:

MONTH YEAR

END DATE:

MONTH YEAR

STARTING WEEKLY SALARY:

FINAL WEEKLY SALARY:

JOB TITLE:

NAME AND TITLE OF SUPERVISOR:

CONTACT NUMBER:

DESCRIPTION OF WORK:

REASON FOR LEAVING:

PREVIOUS EMPLOYER:

ADDRESS:

START DATE:

MONTH YEAR

END DATE:

MONTH YEAR

STARTING WEEKLY SALARY:

FINAL WEEKLY SALARY:

JOB TITLE:

NAME AND TITLE OF SUPERVISOR:

CONTACT NUMBER:

DESCRIPTION OF WORK:

REASON FOR LEAVING:

PREVIOUS EMPLOYER:

ADDRESS:

START DATE:

MONTH YEAR

END DATE:

MONTH YEAR

STARTING WEEKLY SALARY:

FINAL WEEKLY SALARY:

JOB TITLE:

NAME AND TITLE OF SUPERVISOR:

CONTACT NUMBER:

DESCRIPTION OF WORK:

REASON FOR LEAVING:

REFERENCES: (GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	BUSINESS/ TITLE	CONTACT NUMBER	YEARS ACQUAINTED

OTHER EXPERIENCE HELPFUL FOR THE JOB FOR WHICH YOU ARE APPLYING

TRAINING OR EXPERIENCE RECEIVED AS PART OF MILITARY SERVICE, JOB CORPS TRAINING OR OTHER FORMAL OR INFORMAL (ON-THE-JOB) TRAINING:

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK:

SPECIAL SKILLS:

HOBBIES:

OTHER QUESTIONS

ARE YOU LEGALLY ENTITLED TO BECOME EMPLOYED IN THE UNITED STATES? Yes No (IN COMPLIANCE WITH THE IMMIGRATION REFORM CONTROL ACTION OF 1987, YOU WILL BE REQUIRED TO PROVIDE THE COMPANY WITH PROOF OF U. S. CITIZENSHIP OR THAT YOU ARE OTHERWISE LEGALLY ENTITLED TO WORK IN THE UNITED STATES.)

ARE YOU WILLING TO SUBMIT TO BLOOD TESTS AND/OR URINALYSIS TO DETERMINE THE PRESENCE OF ANY TRACES OF CONTROLLED SUBSTANCES OR ALCOHOL IN YOUR BODILY FLUIDS? Yes No
(PURSUANT TO THE DRUG-FREE WORKPLACE ACT OF 1988 AND FEDERAL GOVERNMENT REGULATIONS, THE COMPANY MAINTAINS AND ENFORCES A STRICT POLICY WHICH PROHIBITS EMPLOYEES POSSESSION OR USE OF ANY CONTROLLED SUBSTANCE OR ALCOHOL IN THE WORKPLACE AT ANY TIME UPON COMPANY PREMISES OR WHENEVER AN EMPLOYEE IS PERFORMING ANY WORK FOR THE COMPANY. VIOLATIONS OF THIS POLICY WILL RESULT IN APPROPRIATE DISCIPLINE AND MAY INCLUDE TERMINATION. EMPLOYEES AND APPLICANTS ARE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS WITHOUT PRIOR NOTIFICATION AS A CONDITION OF EMPLOYMENT.)

****THE FOLLOWING QUESTIONS APPLY ONLY TO APPLICANTS FOR POSITIONS INVOLVING DRIVING ON COMPANY TIME.**

LICENSE NUMBER: _____ STATE: _____ EXPIRATION DATE: _____

NUMBER OF YEARS DRIVING EXPERIENCE _____

NUMBER OF VEHICLE ACCIDENTS & TRAFFIC VIOLATIONS IN PAST 7 YEARS _____

AUTHORIZATION

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND THAT, IF HIRED, I AM AN EMPLOYEE-AT-WILL AND THAT I HAVE NO CONTRACT WITH THE COMPANY. I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE.

DATE _____ SIGNATURE _____