

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 250 RIVER ROADATHENS, GA 30602-7287APPLICATION FOR EMPLOYMENT GCC Chorus Coordinator  (Please complete all fields and send to spencertolley@cooktolley.com) | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | Date | |  |
| Name |  | | | | | | | | | | | | | | Social Security No. | | | | |  |
| LAST | | | | FIRST | | | | | | MIDDLE | | | | |  | | | | |  |
| Address | | |  | | | | | | | | | | | | | Telephone No. | | | |  |
| NO. STREET CITY STATE ZIP | | | | | | | | | | | | | | | | | | | | |
| Driver’s License Number and State of Issue\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If hired, can you furnish proof that you are eligible to work in the United States? (All persons, upon hiring, must | | | | | | | | | | | | | | | | | | | | |
| verify citizenship status or provide valid authorization to work in the U.S..) | | | | | | | | | | | | | | | | |  | | | |
| Do you have transportation available? | | | | | | | | |  | | | | | | | | | | | |
| Are you able to perform the essential functions of the job as set forth in the Job Description for the job for | | | | | | | | | | | | | | | | | | | | |
| which you are applying? | | | | |  | | | | | | | | | | | | | | | |
| Were you previously employed by us? | | | | | | | | |  | | | | If yes, when? | |  | | | | | |
| What position did you hold? | | | | | |  | | | | | | | | | | | | | | |
| Person to be notified in case of emergency | | | | | | | | | | |  | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| NO. STREET CITY STATE ZIP HOMEPHONE NO. BUSINESS PHONE NO. | | | | | | | | | | | | | | | | | | | | |
| REFERENCES | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Name and Occupation | | | | | | | Relationship | | | | | | | Address | | | | | Phone Number | |
|  | | | | | | |  | | | | | | |  | | | | |  | |
|  | | | | | | |  | | | | | | |  | | | | |  | |
|  | | | | | | |  | | | | | | |  | | | | |  | |
| **PREVIOUS WORK EXPERIENCE**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | 1. Name of Current Employer | | | | |  | | | | Position Held |  | | | | | Rate of Pay |  | | Dates Employed | |  | | | | | | | Reason for Leaving | | |  | | | | | | Supervisor’s Name and Title | | | |  | | | | | Supervisor’s Phone Number | | | |  | | | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | 1. Name of Previous Employer | | | | |  | | | | Position Held |  | | | | | Rate of Pay |  | | Dates Employed | |  | | | | | | | Reason for Leaving | | |  | | | | | | Supervisor’s Name and Title | | | |  | | | | | Supervisor’s Phone Number | | | |  | | | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | 1. Name of Previous Employer | | | | |  | | | | Position Held |  | | | | | Rate of Pay |  | | Dates Employed | |  | | | | | | | Reason for Leaving | | |  | | | | | | Supervisor’s Name and Title | | | |  | | | | | Supervisor’s Phone Number | | | |  | | | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | 1. Name of Previous Employer | | | | |  | | | | Position Held |  | | | | | Rate of Pay |  | | Dates Employed | |  | | | | | | | Reason for Leaving | | |  | | | | | | Supervisor’s Name and Title | | | |  | | | | | Supervisor’s Phone Number | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| May we contact the employers listed? | | | | | | | |  | | | | If not, indicate by number which one(s) you do not wish us to | | | | | | | | |
| contact | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |

**EDUCATION**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| School | | Name of School | Course of Study | | | Last Year Attended | Did You Graduate |
| High | |  |  | | |  | Yes  No |
| College / Other | |  |  | | |  | Yes  No  Certificate |
| **1.** | **I certify that all statements contained in this application or made in conjunction with it, are true and correct and any misrepresentation or omission of facts called for are grounds for disqualification from employment or will result in dismissal, should I be employed, whenever the correct information becomes known to GCC.** | | | | | | | |
|  | | | | | | | | |
| **2.** | **I understand that this application for employment does not in any way constitute an offer of employment or a contract of employment. Employment with GCC is not by contract express or implied. Furthermore, should I be employed, I understand that my employment is for no definite duration but is on an “at-will” basis.** | | | | | | | |
|  | | | | | | | | |
| **3.** | **I certify that I have read the job description, which sets forth the essential functions of the job for which I have applied.** | | | | | | | |
|  | | | | | | | | |
| **4.** | **If I am extended an offer to work for GCC, I acknowledge that my employment is subject to applicable background checks and/or other tests such as a drug test.** | | | | | | | |
|  | | | | | | | | |
| **5.** | **I give GCC the right to investigate all references and the right to secure additional information about me. Furthermore, I authorize all my current and former employers, school officials, instructors, or any other persons whether or not named in this application to give GCC any information they may have regarding me, whether or not such information is in their written records. I release GCC and its representatives from any liability for any damages whatsoever resulting from their request of reference information regarding me. I release those companies, agencies, and individuals supplying reference information from any liability for any damages whatsoever resulting from the giving of such information.** | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  |  | | | | | | | |
| **My signature below certifies that I have read and understand the above five (5) paragraphs.** | | | | | | | | |
|  | | | |  |  | | | |
|  | | | | **Date** |  | | | |
| **Signature** | | | |  | | | | |