



P.O. BOX 1047      PHONE: 706-657-4341  
 TRENTON, GA 30752      FAX: 706-657-6778  
 EMAIL: CUSTOMERSERVICE@MYDADEWATER.COM  
 (THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER)

# Job Application

## Personal Information

Last		First		MI	Email:	
Street Address		City	ST	Zip	Home Phone:	Mobile Phone:
Are you entitled to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				Marital Status:		Date of Birth:
				<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated		
Have you been convicted of a felony or been incarcerated in connection with a felony in the past seven years? <input type="checkbox"/> Yes <input type="checkbox"/> No				Race:		
				<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latin <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Other: _____		
Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No		Branch:		Social Security Number:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
What position are you applying for?				How did you hear about this position?		
Expected Hourly Rate		Expected Weekly Earnings		Date Available		

## Prior Work Experience

	Current or Most Recent	Prior	Prior
Employer			
Address			
City, ST, ZIP			
Telephone			
Name of Immediate Supervisor			
Dates of Employment	From                  To	From                  To	From                  To
Position/Job Title			
Pay			
Reason for Leaving			
May We Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Education

	Name/Location	Last Year Complete	Degree	Major or Emphasis
High School		9   10   11   12		
College/University		1   2   3   4		
Trade School				
Other				
List any applicable special skills, training or proficiencies.				

Disclaimer - By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also provide consent for former employers to be contacted regarding work records.	Signature	Date
--	-----------	------