

An Equal Opportunity Employer for minorities, women, the handicapped, disabled veterans, and veterans of the Viet Nam Era.

Please Print

Last Name	First Name	Middle Initial	Social Security Number	-	-
Local Address	City	State	Zip Code	Telephone	()
Permanent Address if Different	City	State	Zip Code	Telephone	()

Personal Data

Date Available to Start	Type of Employment Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Summer <input type="checkbox"/> Temporary	Do you meet this State's minimum legal age requirements for employment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you authorized to work in the United States <input type="checkbox"/> Yes <input type="checkbox"/> No	Appropriate documentation verifying your identity and your authorization to work in the United States will be required as a condition of employment with Americo Manufacturing Co., Inc.	Please indicate type of documentation you will provide:
Who referred you to Americo? (Name of person, agency, or newspaper)		Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
How much termination notice required by your present employer?	Have you ever been employed by Americo <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Dates Employed: Position/Job:
Do you have any friends or relatives working at Americo? <input type="checkbox"/> Yes <input type="checkbox"/> No	Give names and relationships	
List types of work you desire (1) (2)	What are your qualifications? (1) (2)	
Check times you are willing to work: <input type="checkbox"/> Day Shift <input type="checkbox"/> 3rd Shift <input type="checkbox"/> Sundays or Holidays <input type="checkbox"/> 2nd Shift <input type="checkbox"/> Saturdays	What are your salary requirements? (Pay per hour)	

Education and Skills

Describe your training skills, experience etc. related to the kind of work you want to do.

	Location City/State	Dates attended		Did you Graduate?	Major Studies or Degree Obtained
		From mo. yr.	To mo. yr.		
High School					
College					
Graduate School					
Vocational and Trade Schools					
Apprentice Training	Craft			Company	Years

Employment History

List most recent employment first. Account for all periods of time, including military service (if any),		May we contact the employers listed below? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, indicate by number, those you do not wish us to contact:				
	Job title and department. Your supervisor's name.	Your main duties	Final Pay Rate	Date Started	Date Left	Reason Leaving
1. Present Employer's Name and Address						
2. Previous Employer's Name and Address						
3.						
4.						

References

Please list business references i.e. supervisors, peers, etc.

Name	Address	Telephone No.	Occupation

Have you ever been convicted of a crime other than a traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please explain offense	Date of offense
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Additional Information

You may use this space for any additional comments, considerations, references, or information that may be helpful in reviewing your application.

NOTE: Applicants for employment as operators of motor vehicles must also complete Form 4612 - Dept. of Transportation Information for Application for Employment of Motor Vehicles.

PLEASE READ CAREFULLY AND SIGN!

I hereby certify that the answers given by me to the foregoing questions and statements made on both sides of this application are true and correct. If employment is obtained under this application. I will comply with all rules and regulations of this Company. Unless provided otherwise by state law, I agree to provide the Company acceptable results of a physical examination at a Company-designated medical facility if the Company requires such an examination.

Except as noted above, I also authorize my former employers to give an information they have regarding me whether or not it is on their record. I hereby release them and their company or organization from all liability for any damage whatsoever for issuing same. I authorize the company to undertake a credit check or other appropriate background investigation in the position for which I am applying. I understand and agree that nothing contained in the application shall be

deemed to create an employment contract between the Company and myself for either employment or for the provision of any benefit.

If an employment relationship is hereafter established, I understand and agree that I have the right to terminate my employment at any time without cause and that the company retains a similar right. If upon investigation anything in this application is found to be untrue, I understand I will be subject to dismissal. I understand that I shall not become a an employee of Americo Manufacturing Company, Inc. until I have provided appropriate documentation verifying my identity and authorization to work in the United States.

Date _____ Signature of Applicant _____

Drugs Don't Work in Georgia

**PRE-EMPLOYMENT DRUG TESTING CONSENT
AND RELEASE FORM**

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

I agree that Cartersville Medical Center 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: _____