



# North Fulton Community Charities

## Job Application

11270 Elkins Rd, Roswell GA 30076  
770-640-0399 FAX 770-640-9220

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ How long at this Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone \_\_\_\_\_ email: \_\_\_\_\_

Type of Job Sought: \_\_\_\_\_ ( ) Full-time ( ) Part-Time ( ) Temporary

Position: \_\_\_\_\_ Start Date: \_\_\_\_\_

Salary Desired: \_\_\_\_\_ Are you currently employed: \_\_\_\_\_

If so, may we inquire of your present employer? \_\_\_\_\_

Have you ever applied to this agency before? \_\_\_\_\_ If so, when: \_\_\_\_\_

### Skills and Experiences (Check all that apply)

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Transcription    | <input type="checkbox"/> Typing WPM _____  | <input type="checkbox"/> Work nightshift | <input type="checkbox"/> Social Work           |
| <input type="checkbox"/> Driver's License | <input type="checkbox"/> Care for work use | <input type="checkbox"/> Computer        | <input type="checkbox"/> Crises Intervention   |
| <input type="checkbox"/> Sign Language    | <input type="checkbox"/> Bookkeeping       | <input type="checkbox"/> Phone System    | <input type="checkbox"/> Second Language _____ |

### Education—Specific college hours must be listed in this section

High School Grade Completed: \_\_\_\_\_ GED: ( ) Yes ( ) No

Vocational School: \_\_\_\_\_ No. of Months: \_\_\_\_\_ Area of Study: \_\_\_\_\_

Name of College Or University	Credit Received Qtr. Hrs./Sem. Hrs.	Field of Study Major/Hours	Type of Degree
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_____	_____	_____	_____
_____	_____	_____	_____

Do you have any special qualifications or certificates that qualify you for this job? \_\_\_\_\_

What types of computer software do you have working knowledge of: \_\_\_\_\_

Military Status: \_\_\_\_\_

Branch of Service \_\_\_\_\_ Rank \_\_\_\_\_

Present Member of Reserves or National Guard? ( ) Yes ( ) No



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### Former Employer (List below last four employers—starting with most recent one first)

Date Month/Year	Name, Address & Phone Number of Employer	Salary	Position and Supervisor	Reason for leaving
From: To:				
From: To:				
From: To:				
From: To:				

### References: List Three persons (preferably business/professional contacts) not related to you,

Name	Address/Phone	Relationship	Years Acquainted

Have you ever been convicted of a felony? \_\_\_\_\_ If yes, describe fully \_\_\_\_\_

Do you have any restrictions that would prevent you from working during certain time periods during the day, week or month?  
\_\_\_\_\_

Do you have any transportation restrictions that would prevent you from getting to work? \_\_\_\_\_

Have you ever worked under a different name? \_\_\_\_\_

Are you legally eligible to work in the United States? \_\_\_\_\_ and prepared to show proof if hired? \_\_\_\_\_

*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 authorize North Fulton Community Charities to verify employment, to contact references, and to obtain a criminal record check for the purpose of determining eligibility for employment.*

*I understand and agree that, if hired, my employment is at will and for no definite period and may regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice, with or without cause.*

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE			
Interviewed by		Date:	
Hired: ( ) Yes ( ) No	Position	Department	
Salary/Wage:		Date to report to work:	
Approved:			