

Last Name		First Name			MI.
Address		City		State	Zip
Home Phone	Cell Phone	_	Email address		
SSN					
Have you been convid	ted of a felony (	)YES (	) NO		

If selected, will you submit to a pre-employment drug testing () YES () NO

## EDUCATION HIGH SCHOOL AND ABOVE

SCHOOL NAME	LOCATION	YRS.ATTE	NDED DEGREE RECEIVED	
	I	I		
	I			

## PRIOR EMPLOYMENTS

EMPLOYER	ADDRESS	PHONE NUMBER
		I

## REFERENCES

NAME	TITLE	COMPANY	PHONE
			l

## Acknowledgement and Authorization

Initials

I certify that all my answers given herein are true and complete to the best of my knowledge.

\_\_\_\_\_ I authorize investigation of all statements contained in this application and my resume for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application, my resume or the interview will result in immediate termination.

Signature of applicant

Date

This application sheet will be the cover sheet for your resume. Email to jacksontrailfd@windstream.net or deliver to Chief Coholich @ 3345 Jackson Trail Road, Jefferson, GA 30549.