



**Mailing:**  
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We are an Equal Opportunity Employer and committed to excellence through diversity.

Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

**APPLICATION FOR EMPLOYMENT**

Apply online, email, paper application or in person.

It is important to fill in every blank on an employment application. If a section does not apply to you, write "N/A" (not applicable) in the blank.

**PERSONAL INFORMATION**

Name					
Address		City	State	County	Zip
Phone Number (        )		Email Address			
Are you legally eligible to work in the US <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you speak, write or understand any foreign languages? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, list language(s) _____		Were you ever in the Military? <input type="checkbox"/> Yes <input type="checkbox"/> No    Branch: _____ Rank: _____ Years of Service: _____ Skills/Duties: _____			
If selected for employment are you willing to submit to a background check? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you ever applied to or worked for OneSource Learning & Development Center in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please provide and explain: Do you have any relatives, friends or acquaintances working for OneSource Learning & Development Center? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please provide name and relationship:					
Have you ever been convicted of or pleaded no contest to a felony within the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please list the crime(s), date, location convicted and disposition of the case:					
If hired, are you willing to submit to a controlled substance test? <input type="checkbox"/> Yes <input type="checkbox"/> No					

**POSITION YOU ARE APPLYING FOR**

Job Title you are applying for	Desired Salary:
Are you applying for: <input type="checkbox"/> Regular Part-time work? <input type="checkbox"/> Regular Full-time work?	Are you able to perform the essential functions of the job for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No
Hours/Days Available to Work:	If No, please describe functions that cannot be performed: _____

**EDUCATION & TRAINING**

School/College Attended:	Location	Year attended	Did you graduate?	Major Degree/Diploma/GED Received	Graduation/License/Certification Date:

## REFERENCES (Provide 3 Business and Professional Only)

Name	Title		Company	Phone

## EMPLOYMENT HISTORY

Employer #1	Job Title	Company	Phone
Supervisor:	Starting Pay Rate:	Ending Pay Rate:	
Work Phone:	Address:	City, State	Zip
Reason for Leaving:	May we contact this employer for references <input type="checkbox"/> Yes <input type="checkbox"/> No   If No, why?		
Employer #2	Job Title	Company	Phone
Supervisor:	Starting Pay Rate:	Ending Pay Rate:	
Work Phone:	Address:	City, State	Zip
Reason for Leaving:	May we contact this employer for references <input type="checkbox"/> Yes <input type="checkbox"/> No   If No, why?		
Employer #3	Job Title	Company	Phone
Supervisor:	Starting Pay Rate:	Ending Pay Rate:	
Work Phone:	Address:	City, State	Zip
Reason for Leaving:	May we contact this employer for references <input type="checkbox"/> Yes <input type="checkbox"/> No   If No, why?		
Employer #4	Job Title	Company	Phone
Supervisor:	Starting Pay Rate:	Ending Pay Rate:	
Work Phone:	Address:	City, State	Zip
Reason for Leaving:	May we contact this employer for references <input type="checkbox"/> Yes <input type="checkbox"/> No   If No, why?		

## SIGNATURE DISCLAIMER

I certify that the information contained in this application is true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may be grounds for not hiring me or for immediate termination of employment if I am hired. I authorize the verification of any and all information listed above.

Name: (please print)	Signature:
Date:	