

Ridgeview Institute

3995 South Cobb Drive
Smyrna, Georgia 30080
(770) 434-4567
www.ridgeviewinstitute.com

EMPLOYMENT APPLICATION

Date: _____

RIDGEVIEW INSTITUTE IS AN EQUAL OPPORTUNITY EMPLOYER AND IS COMMITTED TO MAKING ALL EMPLOYMENT DECISIONS WITHOUT REGARD TO RACE, COLOR, CREED, AGE (AGE 40 AND OVER), RELIGION, GENDER, PREGNANCY, NATIONAL ORIGIN, CITIZENSHIP, DISABILITY, SERVICE IN THE UNIFORMED SERVICES OR ANY OTHER CLASSIFICATION PROTECTED BY FEDERAL, STATE OR LOCAL LAW.

PERSONAL INFORMATION

Last

First

Middle

Name: _____

Other names used if different from name on this application: _____

Present Address: _____
Number & Street City State Zip How long have you lived at this address? _____

Previous Address: _____
Number & Street City State Zip Home Phone: _____
Cell Phone: _____

List names(s) of relative(s) and/or friend(s) employed at Ridgeview Institute

Position(s) for which you are applying

1. _____
2. _____
3. _____

When would you be available to begin work?

Would you work

What shift(s) do you prefer?

Rate of pay expected?

___ Full-time ___ Part-time ___ Day ___ Evening ___ Night ___ Weekends

_____ HR/YR

Were you ever employed by Ridgeview? ___ Yes ___ No

EDUCATION

(CIRCLE HIGHEST GRADE COMPLETED IN EACH CATEGORY)

High School				College				Graduate School				Business or Vocational School			
9	10	11	12	1	2	3	4	1	2	3	4	1	2	3	4
Name				Location				Course/Major				Year Graduated		Diploma/Degree/Certification	
High School															
College															
Other (Specify)															

Are you legally authorized to work in the United States?

___ Yes ___ No

Have you, since the age of 18, ever been convicted of a felony?

___ Yes ___ No

Have you served in the U. S. Military? ___ Yes ___ No

If yes, Explain – Give Dates:

EMPLOYMENT HISTORY

Dates Month/Year	Name, Address & Phone # of Employer	1. Job Title 2. Department 3. Supervisor	Describe Major Duties	Hourly Salary	Reason for Leaving
1. From:		1. 2. 3.		Start:	
To:				Final:	
2. From:		1. 2. 3.		Start:	
To:				Final:	
3. From:		1. 2. 3.		Start:	
To:				Final:	

May we contact the above employers? _____ Yes _____ No

PROFESSIONAL REFERENCES

Name	Address	Phone Number	Occupation

****PLEASE READ CAREFULLY AND SIGN****

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Ridgeview Institute, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned. Both the undersigned and Ridgeview Institute may end the employment relationship at any time, without specified notice or reason.

Should a job offer be made, I consent to taking a pre-employment drug screening and such future examinations as may be required by Ridgeview Institute. I understand my job offer or my continuing employment, if hired, is contingent upon my being physically, mentally and medically able, with or without reasonable accommodation, to successfully perform the essential functions of my job. I understand that as a part of my pre-employment drug screening, upon which any offer of employment is contingent, I will be required to successfully pass a drug screening test. The drug screening will be administered at Ridgeview Institute's expense. The test will require me to provide a urine specimen for analysis, signing of this application and signing an employment inquiry release form.

I understand that any misrepresentation or falsification can be grounds for refusal of employment. I further understand that, if employed, any false statements or misrepresentations contained herein or in conjunction with the application process may be cause for dismissal.

I hereby certify that all answers are true to the best of my knowledge, and I agree to have any of the statements checked by Ridgeview unless I have indicated to the contrary.

Applicant's signature: _____ **Date:** _____

****FOR EMPLOYER USE ONLY**
REFERENCE CHECK**

1. Employer or Professional References
2. Name/Position of contact

Date and results of reference check

1.

2.

1.

2.

1.

2.

INTERVIEW COMMENTS

Interviewer	Date	Comments

Interviewer	Date	Comments

Interviewer	Date	Comments