

APPLICATION FOR EMPLOYMENT

NAME AND ADDRESS

SOCIAL SECURITY NUMBER		DRIVERS LICENSE NUMBER	DOB
LAST NAME		FIRST NAME	MIDDLE NAME
STREET ADDRESS			HOW LONG AT CURRENT ADDRESS
CITY		STATE	ZIP CODE
HOME PHONE NUMBER		CELL PHONE NUMBER	
PREVIOUS STREET ADDRESS			HOW LONG AT PREVIOUS ADDRESS
PREVIOUS CITY		PREVIOUS STATE	PREVIOUS ZIP CODE
EMERGENCY CONTACT		PHONE NUMBER	RELATIONSHIP

EDUCATION

COLLEGE NAME	ADDRESS	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE <input type="checkbox"/> YES <input type="checkbox"/> NO	DEGREE/DIPLOMA
HIGH SCHOOL NAME	ADDRESS	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE <input type="checkbox"/> YES <input type="checkbox"/> NO	DEGREE/DIPLOMA
TRADE SCHOOL NAME	ADDRESS	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE <input type="checkbox"/> YES <input type="checkbox"/> NO	DEGREE/DIPLOMA
OTHER	ADDRESS	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE <input type="checkbox"/> YES <input type="checkbox"/> NO	DEGREE/DIPLOMA

MILITARY SERVICE (IF APPLICABLE)

BRANCH	DATE ENTERED	DATE OF DISCHARGE	RANK AT DISCHARGE
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REFERENCES (NOT FAMILY MEMBERS)

NAME	ADDRESS	PHONE	YEARS KNOWN
NAME	ADDRESS	PHONE	YEARS KNOWN
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WORK HISTORY

<p>THIS JOB REQUIRES YOU BE ABLE TO LIFT UP TO 80 POUNDS. ARE THERE ANY REASONS FOR WHICH YOU MIGHT NOT BE ABLE TO PERFORM THE JOB DUTIES? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF YES, PLEASE EXPLAIN:</p>
<p>ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>DO YOU HAVE RELIABLE TRANSPORTATION TO GET TO WORK EACH DAY? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF NO, THEN PLEASE EXPLAIN:</p>
<p>HAVE YOU EVER BEEN DISMISSED OR ASKED TO RESIGN FROM EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF YES, PROVIDE A BRIEF EXPLANATION, INCLUDING THE NAME OF THE EMPLOYER, APPROXIMATE DATE, AND ANY RELEVANT CIRCUMSTANCES:</p>

WORK HISTORY (CONT'D)

FROM (MM/YY)	EMPLOYER			
TO (MM/YY)	ADDRESS	CITY	STATE	ZIP CODE
HOURLY RATE	SUPERVISOR		PHONE	
JOB TITLE		REASON FOR LEAVING		
JOB DUTIES				

FROM (MM/YY)	EMPLOYER			
TO (MM/YY)	ADDRESS	CITY	STATE	ZIP CODE
HOURLY RATE	SUPERVISOR		PHONE	
JOB TITLE		REASON FOR LEAVING		
JOB DUTIES				

FROM (MM/YY)	EMPLOYER			
TO (MM/YY)	ADDRESS	CITY	STATE	ZIP CODE
HOURLY RATE	SUPERVISOR		PHONE	
JOB TITLE		REASON FOR LEAVING		
JOB DUTIES				

FROM (MM/YY)	EMPLOYER			
TO (MM/YY)	ADDRESS	CITY	STATE	ZIP CODE
HOURLY RATE	SUPERVISOR		PHONE	
JOB TITLE		REASON FOR LEAVING		
JOB DUTIES				

Please read the section below carefully before signing.
Understandings and Agreements

U.S. Law requires that, if hired, you must furnish appropriate documentation establishing identity and employment eligibility, generally within 72 hours of starting work. For example, acceptable documents include a U.S. Passport, or INS Form 688 or 688A, a Social Security Card or birth certificate issued by government authority and a driver's license, school I.D. with photo or other government issued documentation establishing identity. Please consult INS Form I-9 for a list of these documents.

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? Yes No

***DURING THE PAST 5 YEARS, HAVE YOU EVER BEEN CONVICTED OF, PLED TO OR PLED NO CONTEST TO A CRIME, EXCLUDING MISDEMEANORS AND TRAFFIC VIOLATIONS?** Yes No

IF YES, DESCRIBE IN FULL _____

***Answering yes will not necessarily bar you from employment. Applicants are not required to disclose sealed or expunged records or the existence of such records.**

ARE YOU OR HAVE YOU EVER BEEN A SEX OFFENDER REGISTERED WITH ANY FEDERAL, STATE OR LOCAL GOVERNMENT AGENCY, INCLUDING ANY LISTING ON A PUBLIC WEBSITE? Yes No

1. I certify that I have read this application and the information on it is complete and correct. I understand that any omissions or misrepresentation of information is grounds for dismissal.
2. I authorize the persons, employers, schools and organizations listed on this application to give you any information concerning my employment and other pertinent information they may have, personal and otherwise, and release all parties from all liability and damages that may result from furnishing this to you.
3. I acknowledge that Cushing Memorial Park reserves the right to amend any of its handbooks or policies at any time, without any reason, with or without cause. These policies do not create any promises or contractual rights between Cushing Memorial Park and its employees. At Cushing Memorial Park employment is at will. This means an employee is free to terminate his/her employment at any time, without any reason, with or without cause, and Cushing Memorial Park reserves the same rights. The President of Cushing Memorial Park is the only person who may make an exception to this, and any exception must be in writing, addressed to a particular individual, and signed by an officer.
4. Cushing Memorial Park is an Equal Opportunity Employer. Various Federal, state, and local laws prohibit discrimination on account of race, color religion, sex, age, national origin, disability, sexual orientation, veterans status or other protected categories. It is Cushing Memorial Park's policy to comply fully with these laws as applicable, and information requested on this application will not be used for any purpose prohibited by law.
5. Cushing Memorial Park has a Drug-Free work environment and reserves the right to conduct periodic testing on a regularly scheduled basis for employees. Employees who refuse to submit to a test are subject to immediate discharge.
6. I understand that as part of the procedure for my employment application, an investigative consumer report may be made concerning my character, general reputation, personal characteristics and mode of living. Upon written request, additional disclosure concerning the complete nature and scope of the investigation will be provided. If I am denied a job based either wholly or in part because of information contained in an investigative consumer report, I will be provided the name and address of the reporting agency that supplies the information.

Signature _____ Date _____

Please complete and mail or fax a copy of this form to:

Cushing Memorial Park
P.O. Box 528
Lebanon, GA 30146-0528
770-345-1858