



185 E Bacon Street - P O Box 10 - Pembroke, Georgia 31321 - (912) 653-4389

## APPLICATION FOR EMPLOYMENT

(EACH INQUIRY ON THIS APPLICATION MUST BE FULLY ANSWERED OR COMPLETED. OTHERWISE, YOU WILL NOT BE CONSIDERED FOR EMPLOYMENT.)

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status. We will give this application every consideration. However, in accepting it, the Company makes no commitment of employment to the applicant. This application will remain active for 180 days. **WE ARE AN AT-WILL EMPLOYER, MEANING THAT EITHER THE EMPLOYER OR THE EMPLOYEE MAY END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.**

## PERSONAL INFORMATION

Name	Last	First	Middle	Social Security #
Home Phone:				Work Phone:

**Please list below your current address:**

Street	City	State	Zip
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## EDUCATION

High School Attended	City, County & State	Did you earn a Diploma?
Undergraduate College Attended	City, State	Areas of Study
Graduate School Attended	City, State	Areas of Study
Trade, Business or Other School	City, State	Areas of Study
		Degree/Certificate/Diploma

## EMPLOYMENT INFORMATION

Position Applied For:	Date You Can Start Work:	Desired Salary: \$
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Please answer all of the following questions. When necessary, note question number and use an extra sheet of paper to provide explanations:

Have you filed an application with us before?  YES  NO If YES, give date: \_\_\_\_\_

Have you been employed with us before?  YES  NO If YES, give date: \_\_\_\_\_

Are you related to any current employee(s) of PAC fiber?  YES  NO

If so, name of relative and relationship: \_\_\_\_\_

Are you currently employed?  YES  NO

May we contact your present employer?  YES  NO

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Proof of citizenship or immigration status will be required upon employment.  YES  NO

Are you currently on "layoff" status and subject to recall?  YES  NO

Have you been convicted of a crime within the last 7 years?  YES  NO  
Conviction will not necessarily disqualify an applicant from employment.

If YES, please explain: \_\_\_\_\_

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## EMPLOYMENT INFORMATION

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Include part-time and seasonal employment. If self-employed, give firm name and supply business references. DO NOT ANSWER "SEE RESUME." Fill out this form completely.

Most Recent Employer	City	State	Zip Code	Phone
Position Held	Dates From/To	Pay Rate Upon Leaving \$		Supervisor
Duties:		Reason for Leaving:		

Next Recent Employer	City	State	Zip Code	Phone
Position Held	Dates From/To	Pay Rate Upon Leaving \$		Supervisor
Duties:		Reason for Leaving:		

## EMPLOYMENT INFORMATION (cont.)

Next Recent Employer	City	State	Zip Code	Phone
Position Held	Dates From/To	Pay Rate Upon Leaving \$		Supervisor
Duties:		Reason for Leaving:		

Next Recent Employer	City	State	Zip Code	Phone
Position Held	Dates From/To	Pay Rate Upon Leaving \$		Supervisor
Duties:		Reason for Leaving:		

## JOB-RELATED SKILLS

If the position you are applying for requires driving a motor vehicle, please answer the following questions:

1. Do you have a valid driver's license?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
(If YES: Driver's License Number: _____ Date of Issue: _____ State of Issue: _____)		
2. Have you been convicted of or pled guilty to any traffic-related offense within the past five years?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Have you ever had your driver's license suspended or revoked, or had your driving privileges modified by a court of law?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Please list all states from which you hold or have held a driver's license: _____		
_____		
_____		

Please use this space to list any special skills you may have that relate to the position applied for: _____
_____
_____

Please list any professional licenses, designations, certifications, etc. that may relate to the position applied for. Include date granted, name of organization, and any other relevant information.
1. _____
2. _____
3. _____

## APPLICANT'S ACKNOWLEDGEMENT

1. I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts on this application (or on any required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.
2. I authorize the investigation of all statements contained in this application and release from all liability any persons or employers supplying such information, and I also release the Company from all liability that might result from making the investigation.
3. If I am offered and accept a position, I agree to conform to all existing and future Company rules and regulations and I understand that the Company reserves the right to change wages, hours and working conditions as deemed necessary.
4. I understand that any employment offer is contingent upon my providing, within three (3) working days of employment, valid proof of identity and eligibility to work in order to comply with the Immigration Reform and Control Act of 1986.
5. DRUG-FREE WORKPLACE: PACfiber, is firmly committed to maintaining a drug-free workplace. Consistent with that objective, the Company requires all applicants accepted for employment to pass a pre-employment drug test. This test will be performed at a testing facility designated by the Company. All offers of employment are contingent upon passing this drug test. Applicants who fail or refuse to sign this application or to provide a urine specimen for analysis at the time requested will be disqualified from employment consideration with the Company for six (6) months. In addition, the Company conducts random drug tests. New employees are given a written copy of the Company's drug testing policy on their first day of employment. Applicants who test positive for drug usage or who have urine specimens showing any evidence of adulteration or substitution, will be disqualified from further employment consideration with PACfiber for six (6) months.  
I have read, understand and agree to these statements and consent to undergo required drug testing. \_\_\_\_\_.

*(initial here)*

6. I have read and reviewed the information provided in this application and the above statements. By signing this application for employment I certify that I understand all parts of it and have answered all questions completely and fully.
7. I UNDERSTAND THAT, IF THE COMPANY EMPLOYS ME, EITHER THE COMPANY OR I CAN TERMINATE MY EMPLOYMENT WITH OR WITHOUT CAUSE AT ANY TIME AND FOR ANY OR NO REASON. I also understand that no official of the Company other than the General Manager has any authority to enter into an agreement for employment for any specific period of time or to make any agreement contrary to the foregoing.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME (please print)

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
SOCIAL SECURITY NUMBER