

the PROTEA group

Application for Employment

Milton Park / MP.Que / Shak

Return applications by email: dmunroe@theproteagrps.com

Phone: 706-947-0001

Return applications in person: Milton Park - LaPrade's Marina

Last Name	First Name	Initial	Social Security #	Home Phone #	Cell/Office Phone
Street Address	City	State	Zip	Position Desired:	Date Available:

- Salary requirements: _____ Full Time _____ Part Time _____ Location: _____
- Referred by: _____
- List the name of anyone related to you who is a MP., MP.Que, or Shak employee: _____
- Do you know of any reason why you cannot perform the essential functions of the job applied for, with or without reasonable accommodation? _____ YES _____ NO If yes, please explain: _____

- Some positions may require weekend and/or overtime work. Please indicate your availability and state any limitations on working hours/days: _____

EDUCATION/TRAINING

School Name	City, State	Dates attended		Grade/ level completed	Area of Study or Major	Degree or certificate
		From:	To:			

Certifications or Licenses	Expiration Date	License/Certificate Number	Issued by:

- Have you ever been discharged or asked to resign from a position? _____ No _____ Yes. If yes, please explain: _____

- Why are you now seeking a change in employment? _____

- Have you ever been convicted of a crime, excluding minor traffic offenses? _____ No _____ Yes
If yes, please state offense, date, court and disposition of the case and any rehabilitation: _____

EMPLOYMENT HISTORY:

1) Current or last Employer:		Phone number: _____ May we contact? __ yes __ no	
Supervisor Name:		Address:	
Date of hire:	End date:	Job Title:	Reason for Leaving:
Description of job duties:			
2) Previous employer:		Phone number: _____ May we contact? __ yes __ no	
Supervisor Name:		Address:	
Date of hire:	End date:	Job Title:	Reason for Leaving:
Description of job duties:			
3) Previous Employer:		Phone number: _____ May we contact? __ yes __ no	
Supervisor Name:		Address:	
Date of hire:	End date:	Job Title:	Reason for Leaving:
Description of job duties:			
4) Previous Employer:		Phone number: _____ May we contact? __ yes __ no	
Supervisor Name:		Address:	
Date of hire:	End date:	Job Title:	Reason for Leaving:
Description of job duties:			

Is there anything else that you would like us to know about your skills or experience? _____

Pre-Employment Statement of Applicant: Please read before signing

I certify that the statements I have made in this application are true and hereby grant The Protea Group permission to verify the accuracy and completeness of this information. I understand and agree that if I am accepted for employment, I will be employed on an at-will basis, and that my employment may be terminated by me or by this company at any time.

I understand and agree that as a condition of my employment, I am waiving my right to a jury trial in any action or proceeding related to my employment with The Protea Group. I also understand and agree that as a condition of my employment, I am waiving my right to be a member in a class action in any action or proceeding related to my employment with The Protea Group. I understand that I am waiving my right to a jury trial and to participate in a class action voluntarily and knowingly, and free from duress and coercion.

I fully understand that The Protea Group employs only U.S. citizens and property authorized aliens, and that should I become employed, federal law requires me to furnish The Protea Group proof of my identity and employment authorization, and to sign a statement under penalty of perjury verifying my eligibility for employment as a citizen or national of the United States or an otherwise employable alien.

I hereby authorize The Protea Group to conduct a national background investigation on me to obtain any criminal history record information pertaining to me, which may be in the files of any state or local criminal justice agency. I understand that The Protea Group shall not be violating my right of privacy in any manner by conducting the national background investigation.

I understand that this application will be considered for sixty (60) days. A new application must be completed for consideration after sixty (60) days.

Signature: _____ Date: _____

RELEASE AUTHORIZATION

APPLICANT COMPLETE THE FOLLOWING

I. In connection with my application for employment, I understand that a consumer report or an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: workers' ompensation injuries, driving record, court record, education, credentials, credit, and references.

If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

II. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.

III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.

IV. Minnesota, Oklahoma and California applicants only. If you want a copy of the reports(s) ordered, Check this box . The report(s) will be sent by the reporting agency to you at the address below. The reports will be processed by: ADPScreening and Selection Services, 301 Remington Street, Fort Collins, Colorado 80524, 800/367-5933.

V. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by **THE PROTEA GROUP** or its agent, to furnish the information described in Section 1.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

Please print your full name LAST FIRST MIDDLE

Please print other names you have used

Home Address City State Zip Code

Social Security Number Date of Birth

The following states require sex and race to obtain information: AL, AR, FL, **GA**, IA, IL, IN, MI, OR, TX, WI

Sex: Male Female **Race:** Asian Black Hispanic White Other

Drivers License Number State Issuing License

Name as it appears on license Signature Today's Date

IF REQUIRED, NOTARIZE HERE

When using an embossed seal, please shade and pencil before faxing.

Subscribed and sworn before me:

Name

Date

Notary Public

My commission expires

THIS PAGE CONTAINS SENSITIVE INFORMATION. KEEP ONLY IN SECURE FILES, SEPARATELY FROM PERSONNEL RECORDS!

the PROTEA group

GEORGIA STATEWIDE CRIMINAL HISTORY CONSENT FORM

I hereby authorize The Protea Group, LLC Screening and Selection Services to receive any criminal history record information pertaining to me which may be in the files of any state or any local criminal justice agency in the State of Georgia.

Full Name (Printed)

Street Address

City, State & Zip Code

Date of Birth

Social Security Number

Sex

Race

Drivers License #

State Expiration date

Signature

Date of Request