

MCINTOSH TRAIL MANAGEMENT SERVICES, INC.
APPLICATION FOR EMPLOYMENT

P.O. Box 308
3022 Highway 19
Meansville, Ga. 30256

P.O. Box 310
3675 Franklin Parkway
Franklin, GA 30217

Executive Park North
2719 Sheraton Drive, Suite C-210
Macon, GA 31204

Position Desired: _____ Full Time Part Time Date: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THIS STATEMENT

APPLICANT'S STATEMENT:

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at any time with or without notice and the Company has the same right. No one other than the Executive Director of the Company has authority to modify this relationship or make any agreement to the contrary. Any such modification or agreement must be in writing.

I understand that the Company reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law. I authorize the Company to investigate my driving record, my criminal record and my credit history; and, I understand that an investigative consumer report may be prepared whereby information is obtained through personal interviews with neighbors, friends and others with whom I am acquainted. This inquiry would include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

I further understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records and other information pertinent to my employment with them. I also authorize the Company to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information.

I certify that all of the information that I provide on this application and in any interview will be true and accurate. I understand that if I am employed and any such information is later found to be false or misleading in any respect, I may be dismissed.

DATE

SIGNATURE OF APPLICANT

Name:

Social Security #:

(Print) Last

First

Middle Initial

Present Address:

How long have you lived at this address?

Yrs:

Mos:

(Street & Number)

City

State

Zip Code

Previous Address:

How long did you live at this address?

Yrs:

Mos:

(Street & Number)

City

State

Zip Code

Have You Ever Worked For This Company Before?

Yes:

No:

(If 'YES', please give dates & position):

Do You Have Friends Or Relatives Working Here:

Yes:

No:

(If 'YES', please give names & relationships):

How Would You Get To & From Work?

Have you ever pled guilty or 'no contest' to a crime or been convicted of a crime?

Yes:

No:

If 'YES', please give date & details of each:

Note: Answering 'YES' to this question does not constitute and automatic bar to employment. Only those crimes which are substantially related to the position you are seeking will be considered.

RECORD OF PREVIOUS EMPLOYMENT

Please List The Names Of Your Present Or Previous Employers In Chronological Order With Present Or Last Employer Listed First. Be Sure To Account For All Periods Of Time Including Military Service And Any Period Of Employment. If Self-Employed, Give Firm Name And Supply Business References.

| | | | | |
|---------------------------|----------------------------------|----------------------------|---------------------------------|---------------------------|
| Present or Last Employer: | <u>Employed:</u> From (mo/yr) | <u>Salary:</u> Start \$ | <u>Your Title/Position</u> | <u>Reason For Leaving</u> |
| Address | To (mo/yr) | Final \$ | Name & Title of Last Supervisor | |
| City, State, Zip Code | | | | |
| Telephone Number | | | | |
| Present or Last Employer: | <u>Employed:</u> From (mo/yr) | <u>Salary:</u> Start \$ | <u>Your Title/Position</u> | <u>Reason For Leaving</u> |
| Address | To (mo/yr) | Final \$ | Name & Title of Last Supervisor | |
| City, State, Zip Code | | | | |
| Telephone Number | | | | |
| Present or Last Employer: | <u>Employed:</u> From (mo/yr) | <u>Salary:</u> Start \$ | <u>Your Title/Position</u> | <u>Reason For Leaving</u> |
| Address | To (mo/yr) | Final \$ | Name & Title of Last Supervisor | |
| City, State, Zip Code | | | | |
| Telephone Number | | | | |

Have you ever been terminated or asked to resign from any job? Yes No If 'Yes', please explain circumstances:

Please explain fully any gaps in your employment history:

May we contact your current employer? Yes No If 'No', please explain:

PREVIOUS EXPERIENCE

Please Indicate Any Actual Experience That You Have Which You Feel Is Relevant To The Position For Which You Are Applying:

EDUCATION

| School Name | Years Completed | Diploma/Degree | Describe Course of Major Study | Describe Specialized Training, Experience, Skills and Extra-Curricular Activities |
|-------------------------|-----------------|----------------|--------------------------------|---|
| Elementary | 4 5 6 7 8 | | | |
| High School | 9 10 11 12 | | | |
| College/University | 1 2 3 4 | | | |
| Graduate/Professional | 1 2 3 4 | | | |
| Trade or Correspondence | | | | |
| Other | | | | |

EMERGENCY INFORMATION

In Case Of An Accident Or Other Emergency, Who Should We Contact?

Name:

Relationship:

Home Address:

Street

City

State

Zip

Home Phone:

Work Phone:

PERSONAL REFERENCES

Please List Persons Who Know You Well - Not Previous Employers Or Relatives.

| Name | Occupation | Address (Street, City, State) | Telephone Number | Number Of Years Known |
|------|------------|----------------------------------|------------------|--------------------------|
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DRIVING INFORMATION

Do you have a current driver's license? Yes No

State:

License Number:

Expiration Date:

Has your driver's license ever been suspended or revoked? Yes No If 'Yes', please explain circumstances:

Have you ever been cited for driving under the influence (DUI) or driving while intoxicated (DWI)? Yes No

If 'Yes', please explain circumstances and outcome:

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

Signature Of Applicant

Date