







# APPLICATION FOR EMPLOYMENT

1249 Eisenhower Drive  
Savannah, GA 31406  
(912) 644-7500

Describe your job duties in detail:

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Your Supervisor's name and title:

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Your Supervisor's phone number:

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May we contact this employer? YES NO

Reason for leaving:

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## WORK HISTORY (continued)

Previous Employer:

---

Your Job Title:

---

Employer's Address:

---

City / State / Zip:

---

Duration of employment:

From (mo/yr)

---

To (mo/yr)

---

Hrs / Week

---

Circle all that apply:

Volunteer

Intern

Paid

Annual Salary:

---

Related Computer Skills:

---

# and types of employees you supervised:

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Describe your job duties in detail:

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Your Supervisor's name and title:

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Your Supervisor's phone number:

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May we contact this employer? YES NO

Reason for leaving:

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## REFERENCES

	Name of Character Reference	Occupation	Years Known	Phone No.
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

## CERTIFICATION: Read carefully before signing and dating. Unsigned applications will not be processed.

**I certify that all information on this application is correct. I authorize any agent or employee of the Coastal Center for Development Services, Inc. to verify this information and to release it to anyone who may consider me for employment. I understand that intentionally providing false information on this form or attachments is a violation of state law.**

I understand that I will be required to take a post offer physical examination which will include a drug screening. I agree the examining authority may disclose the findings of this examination and drug screen to Coastal Center for Developmental Services, Inc. And that my initial employment is conditional upon meeting the requirements of this exam and drug-screen as established by the Agency.

I also release from any and all liability any person, school, agency, company or organization giving and/or receiving any information requested by Coastal Center for Developmental Services, Inc. in connection with my applying for employment. This will include a comprehensive criminal background check that will contain information on your credit worthiness, character, personal interviews and public sources.

I understand that all applicants will be the subject of an "FBI Criminal History Record Check" and I have the right to challenge the contents of my Criminal History Record Information if I choose to do so.

I understand that this employment application in no way implies an employment contract and if employed, my employment may be terminated by Coastal Center for Developmental Services, Inc. at anytime with or without cause. The state of Georgia is an employment at-will state.

I have read and understand all the above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Individuals who have more than two accidents or moving violations in the past three years or have had a suspended or revoked driver's license in the past five years are prohibited from driving CCDS vehicles.

I authorize the Division of Motor Vehicles to furnish a copy of my driving record to Coastal Center for Developmental Services, Inc. at periodic intervals. This certifies that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## DRIVERS LICENSE VERIFICATION

Name (please print): \_\_\_\_\_

Do you have a valid driver's license?      YES    NO      Issuing state: \_\_\_\_\_      Expiration date: \_\_\_\_\_

Do you have a commercial driver's license?    YES    NO      Issuing state: \_\_\_\_\_      Expiration date: \_\_\_\_\_

1. List the following information for each unexpired motor vehicle operators license(s) you possess:

License number: \_\_\_\_\_      Issuing state: \_\_\_\_\_      Expiration date: \_\_\_\_\_

License number: \_\_\_\_\_      Issuing state: \_\_\_\_\_      Expiration date: \_\_\_\_\_

2. List all motor vehicle accidents that you were involved in during the three (3) years preceding the date of this application:

Date: \_\_\_\_\_      Nature of accident: \_\_\_\_\_

List fatalities or injuries: \_\_\_\_\_

Date: \_\_\_\_\_      Nature of accident: \_\_\_\_\_

List fatalities or injuries: \_\_\_\_\_

3. List all violations of motor vehicle laws or ordinances (excluding parking violations) that you were convicted of or forfeited bond or collateral during the three (3) years preceding the date of this application:

\_\_\_\_\_  
\_\_\_\_\_

4. List in detail any denials, revocations, or suspensions of any license, permit, or privilege you have had to operate a motor vehicle.

\_\_\_\_\_  
\_\_\_\_\_

5. List the address(es) at which you resided during the three (3) years preceding the date of this application.

Dates at this address: \_\_\_\_\_      Address: \_\_\_\_\_      City, State, Zip: \_\_\_\_\_

Dates at this address: \_\_\_\_\_      Address: \_\_\_\_\_      City, State, Zip: \_\_\_\_\_

Dates at this address: \_\_\_\_\_      Address: \_\_\_\_\_      City, State, Zip: \_\_\_\_\_