

Employment Application

FIRST AMERICAN TITLE LENDING OF GEORGIA, LLC

Applicant Information

Full Name:							Date:			
<i>Last</i>			<i>First</i>		<i>M.I.</i>					
Address:										
<i>Street Address</i>						<i>Apartment/Unit #</i>				
<i>City</i>			<i>State</i>			<i>ZIP Code</i>				
Are you 18 or over?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you applying for a Full-Time or Part-Time position?			FULL-TIME <input type="checkbox"/>	PART-TIME <input type="checkbox"/>		
Are you authorized to work in the U.S.?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	List below exact hours and days you would be available to work:				
Primary Phone: ()					Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Alternate Phone: ()				FROM						
E-mail Address:				TO						
Date Available:				Desired Salary: \$						
Position Applied for:						Do you have transportation to and during work?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked for this company?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when, where?				
Have you ever been convicted of a crime?*						YES <input type="checkbox"/>	NO <input type="checkbox"/>	<small>**Do not identify any guilty plea that was discharged by the court under Georgia's First Offender Act.</small>		
If yes, explain:										
Will you relocate if a position becomes available and requires relocation?						YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Are you able to perform the functions of the job for which you are applying with or without reasonable accommodation?						YES <input type="checkbox"/>	NO <input type="checkbox"/>			

Education

High School:	Name:			Address:				
				Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
College:	Name:			Address:				
	From:	To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:	
Other:	Name:			Address:				
	From:	To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:	

References

Please list three professional references.

Full Name:			Relationship:		
Company:			Phone: ()		
Address:					
Full Name:			Relationship:		
Company:			Phone: ()		
Address:					
Full Name:			Relationship:		
Company:			Phone: ()		
Address:					

Previous Employment

Company:		Phone: ()	
Address:		Supervisor:	
Job Title:	Starting Salary: \$	Ending Salary: \$	
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference? YES NO <input type="checkbox"/> <input type="checkbox"/>			
Company:		Phone: ()	
Address:		Supervisor:	
Job Title:	Starting Salary: \$	Ending Salary: \$	
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference? YES NO <input type="checkbox"/> <input type="checkbox"/>			
Company:		Phone: ()	
Address:		Supervisor:	
Job Title:	Starting Salary: \$	Ending Salary: \$	
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference? YES NO <input type="checkbox"/> <input type="checkbox"/>			
Do you have any relatives that work for this company? If "yes" please include name(s).		YES NO <input type="checkbox"/> <input type="checkbox"/>	Name(s) and location(s):
Were you referred by a current associate? If "yes" please include name.		YES NO <input type="checkbox"/> <input type="checkbox"/>	Name of associate referring candidate and location:
Do you have a non-compete or confidentiality agreement with any current or previous employer? If "yes" please list here: YES NO <input type="checkbox"/> <input type="checkbox"/>			

Disclaimer and Signature

APPLICANT'S CERTIFICATION AND AGREEMENT - Please read each statement carefully before signing.

I certify that all information provided in this employment application is true and complete to the best of my knowledge. I understand that any false statement, omission or misrepresentation may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that the Company has a drug and alcohol policy which states that possessing, using, transferring, consuming, selling or attempting to sell any form of drugs or alcohol on the Company's property is against company policy and is grounds for immediate actions such as suspension subject to termination or immediate termination. I understand that compliance with the Company Code of Conduct is a condition of my employment. I further understand that I am to abide by all policies and procedures of the Company, which may be changed from time to time at the company's discretion.

I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time. If employed, I understand that I have been hired at the will of the company and my employment may be terminated at any time, with or without cause and with or without notice.

I have read, understand, and by my signature consent to these statements.

Signature:	Date:
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