

# Ridgeview Institute

3995 South Cobb Drive  
Smyrna, Georgia 30080  
(770) 434-4567  
[www.ridgeviewinstitute.com](http://www.ridgeviewinstitute.com)

## EMPLOYMENT APPLICATION

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

RIDGEVIEW INSTITUTE IS AN EQUAL OPPORTUNITY EMPLOYER AND IS COMMITTED TO MAKING ALL EMPLOYMENT DECISIONS WITHOUT REGARD TO RACE, COLOR, CREED, AGE (AGE 40 AND OVER), RELIGION, GENDER, PREGNANCY, NATIONAL ORIGIN, CITIZENSHIP, DISABILITY, SERVICE IN THE UNIFORMED SERVICES OR ANY OTHER CLASSIFICATION PROTECTED BY FEDERAL, STATE OR LOCAL LAW.

### PERSONAL INFORMATION

Last		First		Middle	
Name:					
Present Address:	Number & Street	City	State	Zip	How long have you lived at this address? _____
Previous Address:	Number & Street	City	State	Zip	Home Phone: ( ) _____ - _____ Work Phone: ( ) _____ - _____

List names(s) of relative(s) and/or friend(s) employed at Ridgeview Institute

Position(s) for which you are applying	When would you be available to begin work?
1. _____	_____
2. _____	_____
3. _____	_____

Would you work	What shift(s) do you prefer?	Rate of pay expected?
___ Full-time ___ Part-time	___ Day ___ Evening ___ Night ___ Weekends	_____ HR/YR

Were you ever employed by Ridgeview? ___ Yes ___ No	Have you worked for Ridgeview before under another name? ___ Yes ___ No If yes, name: _____
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### EDUCATION

(CIRCLE HIGHEST GRADE COMPLETED IN EACH CATEGORY)

High School				College				Graduate School				Business or Vocational School			
9	10	11	12	1	2	3	4	1	2	3	4	1	2	3	4
Name				Location				Course/Major				Year Graduated		Diploma/Degree/Certification	
High School															
College															
Other (Specify)															

Are you either a United States Citizen or an Alien who has the legal right to work in the job for which you are applying?  
\_\_\_ Yes \_\_\_ No

Have you, since the age of 18, ever been convicted of a felony?  
\_\_\_ Yes \_\_\_ No

Have you served in the U. S. Military? \_\_\_ Yes \_\_\_ No

If yes, Explain – Give Dates:

**EMPLOYMENT HISTORY**

<b>Dates Month/Year</b>	<b>Name, Address &amp; Phone # of Employer</b>	<b>1. Job Title 2. Department 3. Supervisor</b>	<b>Describe Major Duties</b>	<b>Hourly Salary</b>	<b>Reason for Leaving</b>
1. From:		1. 2. 3.		Start:	
To:				Final:	
2. From:		1. 2. 3.		Start:	
To:				Final:	
3. From:		1. 2. 3.		Start:	
To:				Final:	

May we contact the above employers? \_\_\_\_\_ Yes \_\_\_\_\_ No

**PROFESSIONAL REFERENCES**

<b>Name</b>	<b>Address</b>	<b>Phone Number</b>	<b>Occupation</b>

**\*\*PLEASE READ CAREFULLY AND SIGN\*\***

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Ridgeview Institute, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned. Both the undersigned and Ridgeview Institute may end the employment relationship at any time, without specified notice or reason.

Should a job offer be made, I consent to taking a pre-employment drug screening and such future examinations as may be required by Ridgeview Institute. I understand my job offer or my continuing employment, if hired, is contingent upon my being physically, mentally and medically able, with or without reasonable accommodation, to successfully perform the essential functions of my job. I understand that as a part of my pre-employment drug screening, upon which any offer of employment is contingent, I will be required to successfully pass a drug screening test. The drug screening will be administered at Ridgeview Institute's expense. The test will require me to provide a urine specimen for analysis, signing of this application and signing an employment inquiry release form.

I understand that any misrepresentation or falsification can be grounds for refusal of employment. I further understand that, if employed, any false statements or misrepresentations contained herein or in conjunction with the application process may be cause for dismissal.

I hereby certify that all answers are true to the best of my knowledge, and I agree to have any of the statements checked by Ridgeview unless I have indicated to the contrary.

**Applicant's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*FOR EMPLOYER USE ONLY\*\*  
REFERENCE CHECK**

- 1. Employer or Professional References
- 2. Name/Position of contact

Date and results of reference check

1.

2.

1.

2.

1.

2.

**INTERVIEW COMMENTS**

Interviewer	Date	Comments

Interviewer	Date	Comments

Interviewer	Date	Comments