

FOUTS BROS, INC.

Answer all questions completely in your handwriting in ink. We are an Equal Opportunity Employer. No question on the application is intended to be discriminatory under any applicable Federal, State or Local Fair Employment Practices Law

I. PERSONAL INFORMATION

Last Name McCray	First Erin	Full Middle Name Lee	Date 08-25-23
Street Address 313 River Forest Dr. N.E.			Home Phone 1-478-387-6337
City Milledgeville	State GA.	Zip 31061	Business Phone
Have you ever been involuntarily terminated or requested to resign? () Yes (<input checked="" type="checkbox"/>) No	If hired, can you produce verification of your legal right to work in the United States? (<input checked="" type="checkbox"/>) Yes () No		
If you are under age 18, do you have a work Permit? () Yes () No	If required for the position, do you have a valid driver's license? (<input checked="" type="checkbox"/>) Yes () No	If hired, would you have reliable transportation to and from work? (<input checked="" type="checkbox"/>) Yes () No	
Have you ever worked under a different name? () Yes (<input checked="" type="checkbox"/>) No	Do you have friends or relatives working for our company? (<input checked="" type="checkbox"/>) Yes () No If 'Yes' Name and Relationship Mr. Carray Harper, Friend		
If 'Yes' Name	Phone # 1-478-232-3468		
Emergency Contact Name Tikya Ward McCray	Phone 1-478-363-3141		
Have you ever been convicted of a felony? () Yes () No (Convictions will not necessarily disqualify you for the position.)	If 'Yes' list offense. Date and Disposition of the Case		

II. EMPLOYMENT INTERESTS

Position Desired Fireline Assembly	Date Available 08-25-2023	Salary Desired Negotiable	Would you be willing to work overtime? (<input checked="" type="checkbox"/>) Yes () No
Type of Employment Desired () Regular (<input checked="" type="checkbox"/>) Full-Time () Temporary () Part-time	Days and hours available for work Monday Through Friday 6:00 a.m. To 5:00 p.m.		
How were you referred to our company? () Agency (Name)	() Ad(Where) () Employee Referral (Name) Mr. Carray Harper Phone # 1-478-232-3468 () Other (Please Specify) Walk-in		

III. EDUCATION INFORMATION

School Level	Name and Location of School	Course of Study	Circle last grade	Did you graduate?	Degree or Diploma
High School	Hemingway High Hemingway S.C.	Basic Requirement	1 2 3	(<input checked="" type="checkbox"/>) Y () N	Diploma
College/University	Allen University Columbia S.C.	Co-Curriculum	1 2 3	() Y (<input checked="" type="checkbox"/>) N	
Post Graduate			1 2 3	() Y () N	
Business/Trade			1 2 3	() Y () N	

IV. SKILLS - If applicable for Position for Which You Are Applying

Typing Speed wpm	10 key by Touch () Yes () No	Foreign Languages (Indicate proficiency to speak, read, and write)	
PC Skills (Indicate software used)		Other Office Machines (Describe)	
List manufacturing machines you operate (Circle those you can set up.)		List inspection/machinist tools you can use	
Describe mechanical background that may be related to the job desired. assembly line worker - Rheem manufacturing.		Do you read blueprints? () Yes () No	
Do you any experience, training, qualification or skills which you think make you especially suited for work at this company? (Explain) assembly line worker Rheem manufacturing. Primary duties included using hand drill, electric screw driver, power wrenches, air hammer, etc.			

V. EMPLOYMENT INFORMATION (Start with Current or Most Recent Employer)

1	Company Name Riveredge Adult Crisis Unit	Phone 478-803-8617	From: Mo/Yr 07-2012	To: Mo/Yr 02-2020
	Street Address 3575 Fulton Mill Rd.	City MACON	State GA	Zip 31206
	Job Title Health Service Tech	Duties Direct care of clients training and monitoring clients on daily living activities Basic	Starting Pay \$10.00	Ending Pay \$12.00
	Supervisor Name Michelle Fulton	Reason for Leaving Better opportunity	May we contact this employer? <input checked="" type="checkbox"/> Yes () No	
2	Company Name Rheem Manufacturing	Phone 1-478-453-7575	From: Mo/Yr 08-2000	To: Mo/Yr 08-2009
	Street Address 138 Roberson Mill Rd. N.E.	City Milledgeville	State GA	Zip 31061
	Job Title Assembly Line Worker	Duties Primary duties included using air drill, electric screw driver, power wrenches, air hammers etc.	Starting Pay \$12.00	Ending Pay \$15.00
	Supervisor Name Guy Lander	Reason for Leaving Closed due to relocation of the entire facility	May we contact this employer? <input type="checkbox"/> Yes () No	
3	Company Name Central State Hospital	Phone 1-478-445-8029	From: Mo/Yr 08-1983	To: Mo/Yr 02-2012
	Street Address 141 Vinson Hwy.	City Milledgeville	State GA	Zip 31061
	Job Title Health Service Tech	Duties Direct care of client training and monitoring client on daily living activities	Starting Pay \$9.00	Ending Pay \$12.00
	Supervisor Name Mrs. Joiner	Reason for Leaving Job ended	May we contact this employer? <input type="checkbox"/> Yes () No	
4	Company Name	Phone	From: Mo/Yr	To: Mo/Yr
	Street Address	City	State	Zip
	Job Title	Duties	Starting Pay	Ending Pay
	Supervisor Name	Reason for Leaving	May we contact this employer? <input type="checkbox"/> Yes () No	

VI. ACKNOWLEDGMENT

Please read carefully, initial each paragraph, and sign below

Initial I authorize any person, school, current employer (except as expressly noted), past employer(s), and organizations named in this application form (and accompanying resume or other documentation, if any) to provide Fouts Bros, Inc. with relevant information and opinion, personal or otherwise, that may be useful in making a hiring decision. I release all parties from all liability for any damage that may result from furnishing information and opinion to you.

Initial In consideration of employment, I agree to obey the rules and standards of Fouts Bros, Inc. I understand that nothing contained in this application or in the interview process is intended to create a contract between Fouts Bros, Inc. and myself for either employment or for the providing of any benefits. I agree that my employment is at-will and the terms of employment may be changed with or without cause, with or without notice, including but not limited to termination, demotion, promotion, transfer, compensation, benefits, duties and location of work, at any time, for any reason, at the option of myself or Fouts Bros, Inc. This constitutes my entire agreement with Fouts Bros, Inc. with regard to the length of my employment.

Initial I understand that as a condition of employment I may be required to take a post-offer/pre-employment physical examination that may include an alcohol and drug test. I further understand that at any time during my employment, I may be required to take a physical examination which may include an alcohol and drug test if management reasonably suspects a condition exists that will prevent me from performing my job in a manner that does not endanger my own health or the safety and health of others. I authorize all providers of health care who examine me to disclose to Fouts Bros, Inc. or its agents, all medical information revealed during such examinations. I further authorize Fouts Bros, Inc. to disclose such information to any other persons, if at any time my medical condition is put at issue in any proceeding by myself or others. In the event that I have a disability that will affect my ability to take the test, I will so inform Fouts Bros, Inc. so that a reasonable accommodation can be made. Fouts Bros, Inc. reserves the right to require medical documentation concerning the need for accommodation.

Initial I understand that all offers of employment are conditioned upon my providing satisfactory documentary proof of my identity and legal right to live and work in the United States.

Initial I hereby acknowledge that I have read the above statements and understand them. I certify that I, the undersigned applicant, have personally completed this application. I declare under penalty of perjury that the facts contained in the application (or any resume or other documents submitted) are true and complete to the best of my knowledge. I understand that any misrepresentations or omissions will disqualify me from further consideration for employment, and will be justification for my dismissal from employment, if discovered at a later date.

Applicant Signature:

Erwing Lee McCray

Employment Application