FOUTS BROS, INC.

Answer all questions comple discriminatory under any ap					mployer. No qu	uestion on the ap	oplication is inte	nded to be		
A NY SERVICE STATE OF THE SERV	ALLEY THE		PERSONAL I		ON					
^{Last Name} Jones	ast Name Jones First Tra				The second secon	Full Middle Name Edward		Date 01/31/24		
Street Address 132 Sa				Home Phone (478)696-6034						
City Milledgeville				^{State} GA	^{Zip} 310	61	Business Phone			
Have you ever been involung or requested to resign? Yes () No		yes () No		legal right to w	ork in the					
If you are under age 18, do y Permit? () Yes () No	If required for the position, do you have a license? X Yes () No				transportation Yes () No					
Have you ever worked under a different name? () Yes Name and Relationship If 'Yes' Name					-	our company?	() Yes ⋉) N	0		
Emergency Contact Name Douglas Jones						Phone 2394784123				
Have you evern been convicted of a felony? () Yes No (Convictions will not necessarily disqualify you for the position.)										
Production of the second		II	. EMPLOYME	NT INTERES	STS	TON THE				
Position Desired Any o	Date Available	THE RESERVE AND ADDRESS.	Salary Desired	Land to the Contract of the Co	Would you be willing to work overtime? (X) Yes () No					
Type of Employment Desired	d		Days and hour	s available for w	work					
() Regular () Temporary	Full-Time Mon -				Fri Open - Close					
How were you referred to o			() Ad(Where)		() Fmr	oloyee Referral (I	Name)			
() Agency (Name)	ar company.		Other (Plea		Craig Higg		() Walk-in			
RECEIVED TO STATE	AND PERSONAL	Name and Address of the Owner, where	. EDUCATION	THE RESIDENCE OF THE PERSON OF			CANDES !			
School Level	Name	Name and Location of School		Course of Study		Circle last grade	Did you graduate?	Degree or Diploma		
High School	Estero H	Estero High Estero, FL			uired	1 2 3	X) Y () N	Diploma		
College/University	Chatt Sta	Chatt State Chattanooga, TN			quired	1 2 3	()Y X N	n/a		
Post Graduate						1 2 3	()Y()N			
Business/Trade	Le Cordo	Le Cordon Bleu Miami. FL			ry Arts	1(2)3	(XY()N	Associate		
美国国际公司	NAME AND ADDRESS OF TAXABLE PARTY.	LLS - If applic		THE RESIDENCE OF THE PERSON NAMED IN	Charles of the Parket	The state of the s	拉克车			
Typing Speed wpm	10 key by Touc		Foreign Langua	ages (Indicate proficiency to speak, read, and write) None						
PC Skills (Indicate software used) Microsoft Word				Other Office Machines (Describe) Printer, copier, fax						
List manufacturing machines you operate (Circle those you can set up.)				List inspection/machinist tools you can use n/a						
Describe mechanical background that may be related to the job desired.				Do you read blueprints? X Yes () No Took auto cad 4yrs in high school						
Do you any experience, train Served 4 years in l	uing, qualification USMC 94 - 9	or skills which y 38 have lea	ou think make y	you especially s alities and	follow ord	at this company ers correctly	? (Explain) Y			

	V. EMPLOYMENT I	NFORMATION (Star	t with	Current or	Most Rece	nt Employer)					
1	Company Name Valen Concrete Coa		Phone			From: Mo/Yr 07/22	To: Mo/Yr Present				
	Street Address 124 Park 42 Dr	Locust Grove	Э	State GA	^{Zip} 30248	Starting Pay \$ 16.00	Ending Pay \$ 20.00				
	Installer	Duties Grinding co	ncrete, vacuun		ning, scraping	Reason for Leaving Laid off due to lack of sales					
	Supervisor Name Danny Johnson	flake, applying			May we contact this employer? Yes () No						
2	Company Name Star Snacks		Рһопе		From: Mo/Yr 05/20	To: Mo/Yr 07/22					
	Street Address Night shift roaster supervisor	^{City} Macon		State GA	Zip	Starting Pay \$ 10.00	Ending Pay \$ 15.00				
	Job Title	Duties Loaded ros peanuts with fo	ter with 2200lb bags of klift and chain wench.		Reason for Leaving Better opertunity offered						
	Supervisor Name Mitch Powell	Roasted peanu noon salted.	asted peanuts depending on salted/ on salted.			May we contact this employer? (V) Yes () No					
3	Company Name		Phone			From: Ma/Yr	To: Mo/Yr				
	Street Address	City		State	Zip	Starting Pay \$	Ending Pay \$				
	Job Title	b Title Duties				Reason for Leaving					
	Supervisor Name					May we contact this employer? () Yes () No					
4	Company Name		Phone			From: Mo/Yr	То: Мо/Үг				
	Street Address	City		State	Zip	Starting Pay \$	Ending Pay \$				
	Job Title	Duties				Reason for Leaving	l				
	Supervisor Name	≥rvisor Name				May we contact this em () Yes () No	ployer?				
		VI. ACKNOV									
Initial		d carefully, initial ea									
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.											
	In consideration of employment, I agree to obey the										
T.I	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										
TJ	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										
	accomodation can be made. Fouts Bros, Inc. reserves the right to require medical documentation concerning the need for accomodation. 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											
TJ	application. I declars upder papality of portugation that the facts contained in the continuous contained in the contained in										
Applicant Signature: 1/31/2024											