

OUTS 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 DIXON	First Jarrie	Full Middle Name Lih	Date 3/7/24
Street Address 149 Lockwood St SW			Home Phone 912-202-5012
City Milledgeville	State GA	Zip 31061	Business Phone 912-202-5012
Have you ever been involuntarily terminated or requested to resign? <input type="radio"/> Yes <input checked="" type="radio"/> No	If hired, can you produce verification of your legal right to work in the United States? <input checked="" type="radio"/> Yes <input type="radio"/> No		
Are you under age 18, do you have a work permit? <input type="radio"/> Yes <input checked="" type="radio"/> No	If required for the position, do you have a valid driver's license? <input checked="" type="radio"/> Yes <input type="radio"/> No	If hired, would you have reliable transportation to and from work? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Have you ever worked under a different name? <input type="radio"/> Yes <input checked="" type="radio"/> No	Do you have friends or relatives working for our company? <input type="radio"/> Yes <input checked="" type="radio"/> No If 'Yes' Name and Relationship		
Emergency Contact Name Elizabeth Stephenson	Phone 478-457-5941		

II. EMPLOYMENT INTERESTS

Position Desired Regular worker	Date Available ANY DAY	Salary Desired 14.50	Would you be willing to work overtime? <input checked="" type="radio"/> Yes <input type="radio"/> No
Type of Employment Desired <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part-time	Days and hours available for work Monday Thru Friday		
How were you referred to our company? Agency (Name) _____	<input type="checkbox"/> Ad(Where)	<input type="checkbox"/> Employee Referral (Name)	<input type="checkbox"/> Walk-in
	<input type="checkbox"/> Other (Please Specify)		

III. EDUCATION INFORMATION

School Level	Name and Location of School	Course of Study	Check last grade	Did you graduate?	Degree or Diploma
High School	Baldwin High		<input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="radio"/> Y <input checked="" type="radio"/> N	
College/University			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="radio"/> Y <input checked="" type="radio"/> N	
Post Graduate			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="radio"/> Y <input checked="" type="radio"/> N	
Business/Trade			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="radio"/> Y <input checked="" type="radio"/> N	

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

Foreign Languages (Indicate proficiency to speak, read, and write)	
Skills (Indicate software used)	Other Office Machines (Describe)
Manufacturing machines you operate (Note those you can set up)	List inspection/machinist tools you can use
Describe mechanical background that may be related to the job desired	Do you read blueprints? <input type="radio"/> Yes <input checked="" type="radio"/> No
Do you have any experience, training, qualification or skills which you think make you especially suited for work at this company? (Explain)	

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

1	Company Name Claxton Poultry	Phone 912-739-3181	From: Mo/Yr 6/2023	To: Mo/Yr 1/2024
	Street Address 8816 US-301,	City Claxton	State GA	Zip 30417
	Job Title Box maker	Duties loading material in machine to make boxes	Starting Pay \$ 10.50	Ending Pay \$ 10.50
	Supervisor Name Calvin		Reason for Leaving Looking for something closer to home	
			May we contact this employer? <input checked="" type="radio"/> Yes <input type="radio"/> No	
2	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="radio"/> Yes <input type="radio"/> No	
3	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="radio"/> Yes <input type="radio"/> 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="radio"/> Yes <input type="radio"/> 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:

James Dixon