FOUTS BROS, INC.										
Answer all questions complete	ly in your hand	writing in ink. \	We are an Equ	al Opportunity I	Employer. No q	uestion on the	application is in	tended to be		
discriminatory under any appli	cable Federal,	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN 1 (1997)	THE RESERVE THE PARTY OF THE PA	THE RESERVE OF THE PARTY OF THE	Name of Street, Street		The Control of the State of the			
		1.	PERSONA	LINFORMAT	The second secon		Date			
Last Name Vone S	Marguis			Pull Middle Name		10-19-3023 Home Phone				
Street Address	1	1 1-110/07					Home Phone	64-8000		
11601d Mill C				State	tate Zip Business Phone			one OCCA		
Milledgeville	State			3/061		478-454-8002 Business Phone 478-454-8002				
			ired, can you produce verification of your legal right to			ork in the				
or requested to resign?	United States (V) Yes () No									
() Yes (No			- L.I							
If you are under age 18, do you	If required for the position, do you have a valid driver's			If hired, woul	d you have reli	able rock?				
Permit? (Yes () No		license? (MYes () No			transportation to and from work? NYes () No					
Have you ever worked under a	different nam	e?	Do you have	friends or relativ	ves working for	our company?	1) Yes M	No		
() Yes MNo				and Relationshi						
If 'Yes' Name										
Emergency Contact Name CATO 12 that Deverow					Phone 478-804-18<					
Have you evern been convicte		() Yes (V No		If 'Yes' list offe	ense. Date and	Disposition of t	he Case			
(Convictions will not necessari	ly disqualify yo	u for the positio	n.)							
		l I	. EMPLOYN	IENT INTERES	STS					
Position Desired		Date Available		Salary Desired	1		willing to work	overtime?		
Uperator		10-22-3		141		(VYes ()N	0			
Type of Employment Desired	,		Days and hou	rs available for t	work					
() Regular	(VFull-Time		A 0	_						
() Temporary	() Part-time	1 m-3	Mondon	- Friday	8:00 AM	1-6:00;	2M			
How were you referred to our	company?		() Ad(Where	2)	() Emp	loyee Referral (10 m 10 m		
() Agency (Name)			() Other (Ple	STATE	- Company		(W Walk-in			
				N INFORMAT						
School Level	Name	and Location of	School	Course	of Study	Circle last grade	Did you graduate?	Degree or Diploma		
High School	Baldwin	HighSc	ml			1 2 3	MYLIN	Piploma		
College/University	FortVo			Electron	ic Fraise	1 2 3	MYLIN	Bachelon		
Post Graduate	MIA	7.57.57.5			J	1 2 3	()Y()N			
Business/Trade	NIA					1 2 3				
	IV. SKI	LLS - If applic	able for Po	sition for Wh	ich You Are /		()Y()N			
IV. SKILLS - If applicable for Position for Which You Are Applying Typing Speed 10 key by Touch Foreign Languages (Indicate proficiency to speak, read, and write)										
MA wpm	() Yes MN	0	NA							
PC Skills (Indicate software use	Other Office Machines (Describe)									
List manufacturing machines y	List inspection/machinist tools you can use									
Describe mechanical backgrou	Do you read blueprints? () Yes (No									
Do you any experience, training	g, qualification	or skills which y	ou think make	you especially s	uited for work	at this company	? (Explain)			

	V. EMPLOYMENT	INFORMATION (Sta	rt with Current o	or Most Rec	ent Employer)					
1	Company Name		Phone		From: Mo/Yr	To: Mo/Yr				
	Hoss Department Store		478-414-1	2337	JULY 12021	Aug 12021				
	Street Address	City	State	Zip	Starting Pay	Ending Pay				
	1970 Nrolumber St	Milledgeville	GA	3/06/	\$ []	\$				
	Job Title	Un located tru)		Reason for Leaving					
	Stocker	Un locaced Fro	NH2	I	Goingback	k to college				
	Supervisor Name	restock prod	ucts onto she	IVES	May we contact the	is employer?				
	T N / A				(Myes () No	0				
2	Company Name	1.00	Phone		From: Mo/Yr	To: Mo/Yr				
	DATICE TOSISTANT ('ON	1 DUS Lite	MA		Setoseptle	2021 May 12023				
	Street Address	City	State	Zip	Starting Pay	Ending Pay				
	1055tate University	Fort Valley	MA	3/030	5	5				
	Job Title	Duties			Reason for Leaving					
	Office Assistant	Answer Phone		Graduation						
-	Supervisor Name	Answer Phone Help setup ex	ents	May we contact this employer?						
	LIVIA	-17 1			(V) Yes () No)				
3	Company Name		Phone		From: Ma/Yr	To: Mo/Yr				
	Street Address	City	State	Zip	Starting Pay	Ending Pay				
					5	3				
	Job Title	Duties			Reason for Leaving					
	Supervisor Name				May we contact this					
					() Yes () No					
4	Company Name		Phone		From: Mo/Yr	To: Mo/Yr				
					4.00					
	Street Address	City	State	Zip	Starting Pay	Ending Pay				
					\$	\$				
	Job Title	Duties			Reason for Leaving					
	S									
	Supervisor Name			May we contact this employer?						
	()Yes ()No									
			WLEDGMENT							
		ad carefully, initial ed								
Initial	l authorize any person, school, current employer (e	except as expressly noted), p	ast employer(s), and o	rganizations nan	ned in this application	form (and accompanying				
	resume or other documentation, if any) to provide	Fouts Bros, Inc. with relevan	nt information and opin	nion, personal or	otherwise, that may b	se useful in making a				
	hiring decision. I release all parties from all liability	for any damage that may re	sult from furnishing inf	formation and of	pinion to you.					
Initial	In consideration of employment, I agree to obey th	e rules and standards of For	its Bros. Inc. understa	and that nothing	contained in this anni	lication or in the interview				
	process is intended to create a contract between F	outs Bros, Inc. and myself fo	r either employment o	r for the providir	ng of any benefits. Las	gree that my employment				
	is at-will and the terms of employment may be cha	nged with or without cause,	with or without notice	, including but n	ot liimited to terminal	tion demotion				
	promotion, transfer, compensation, benefits, dutie	s and location of work, at ar	y time, for any reason,	at the option of	myself or Fouts Bros,	Inc. This constitutes my				
	entire agreement with Fouts Bros, Inc. with regard									
Initial	I understand that as a condition of employment I m	ay be required to take a po	st-offer/pre-employme	nt physical exam	nination that may inclu	ide an alcohol and drug				
	test. I further understand that at any time during n	ny employment, I may be re	quired to take a physic	al examination v	vhich may include an a	alcohol and drug test if				
	management reasonably suspects a condition exist and health of others. I authorize all providers of he	alth care who examine me t	o disclose to Fouts Bro	manner that do	es not endanger my o	wn 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 Fourte Bros. Inc. so that a second that									
	accomposation can be made. Fouts Bros, Inc. reserv	es the right to require medi	cal documentation con	cerning the need	for accomodation.					
Initial	I understand that all offers of employment are cond	litioned upon my providing	satisfactory documenta	ary proof of my i	dentity and legal right	to live and work in the				
	United States.									
Initial	I hereby acknowledge that I have read the above sta	atements and understand th	em. I certify that I, the	undersigned ar	plicant, have persone	illy completed this				
- 1	application. I declare under penalty of perjury that the facts contained in the application (or any resume or other documents submitted)									
- 1	the best of my knowledge. I understand that any m	isrepresentations or omission	ons will disqualify me fr	om further cons	ideration for employm	nent, and will be				
	justification for my dismissal from employment, if d	scovered at a later date.								
Applic	cant Signature: Morning Jan	0.5			And the second					

Employment Application