FOUTS BROS, INC.

	ns completely in your hand ler any applicable Federal, S					uestion on the ap	oplication is inter	nded to be		
		1.	PERSONAL	INFORMAT	ION					
Last Name Car	еу	First Shand		Full Middle N Monique		ame	Date 8/30/2023			
Street Address	1130 oconee street	1					Home Phone 478-234-0793			
City Milledg	eville		State Ga	Zip 31061	-	Business Phone				
Have you ever bee or requested to re ()Yes (X)No			u produce verif K) Yes ()No	cation of your legal right to wo		ork in the				
lf you are under ag Permit? ^X X) Yes (If required for license? (*) Y		o you have a v	alid driver's	If hired, would you have reliable transportaton to and from work? (X) Yes () No				
Have you ever wor () Yes (XX) No If 'Yes' Name	rked under a different name	2?	Do you have friends or relatives working for our company? () Yes (X) No If 'Yes' Name and Relationship							
Emergency Contac	tName Ataetrion Jone			Phone 478-696-8022						
	Ataeti ion Jone					478-0	50-8022			
2 where y										
			. EMPLOYM	ENT INTER	ESTS					
Position Desired Date Availa General labor 9/4/			le Salary Desire			Would you be (X) Yes () N	e willing to work overtime? No			
Type of Employme	ent Desired		Days and hour		r work	-				
) Regular (X) Full-Time Monday -friday first shift 40) Temporary () Part-time hours week										
			() Ad(Where)		(X) Em	ployee Referral (Name)			
a CC channahdan				Other (Please Specify)			() Walk-in			
() Agency (Name					TION	and the second second	() Walk-III	The sector		
School Level Name and		nd Location of School		N INFORMATION Course of Study		Check last grade	Did you graduate?	Degree or Diploma		
High School	Landstw	Landstwown high schoo		High school diploma		9 10 11 12				
College/University Georgia technica college				OSHA		1 2 3 4	X)Y()N			
Post Graduate						1 2 3	()Y()N			
Business/Trade						1 2 3	()Y()N			
	IV. SKI	LLS - If applic	cable for Pos	ition for W	/hich You Are	Applying		Rendel Look		
-	123		Foreign Langu	ages (Indicate	proficiency to sp	beak, read, and v	vrite)			
PC Skills (Indicate s	software used)			Other Office	Machines (Desc	ribe)				
ist 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? () Yes () No						
Do you any experie	ence, training, qualification	or skills which y	ou think make	you especially	y suited for work	at this company	? (Explain)			

	V. EMPLOYMENT I	NFORMATION (Star	t with	Current or	Most Rece	nt Employer)					
1	Company Name	Phone				From: Mo/Yr	To: Mo/Yr				
	Street Address City			State	Zip	Starting Pay \$	Ending Pay \$				
	Job Title	Duties	and y provident		Reason for Leaving						
	Supervisor Name				May we contact this employer? () Yes () No						
2	Сотралу Name		Phone			From: Mo/Yr	To: Mo/Yr				
	Street Address	City		State	Zip	Starting Pay \$	Ending Pay \$				
	Job Title	Duties				Reason for Leaving					
	Supervisor Name				May we contact this employer? () Yes () No						
3	Company Name					From: Ma/Yr	To: Mo/Yr				
	Street Address	City	•	State	Zip	Starting Pay \$	Ending Pay \$				
	Job Title	Duties			Reason for Leaving						
	Supervisor Name				May we contact this employer? () Yes () No						
4	Company Name	<u> </u>	Phone		From: Mo/Yr	To: Mo/Yr					
	Street Address	City	•	State	Zip	Starting Pay \$	Ending Pay \$				
	Job Title	Duties				Reason for Leaving					
	Supervisor Name					May we contact this employer? () Yes () No					
		VI. ACKNO									
		ad carefully, initial e		and the second se		······································					
Initial	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	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	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 accomodation can be made. Fouts Bros, Inc. reserves the right to require medical documentation concerning the need for accomodation.										
Initial	itial 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	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.										
Appli	icant Signature: Shendika Carv	Applicant Signature: Shendika Corry									

Employment Application