



1249 Eisenhower Drive Savannah, GA 31406

APPLICATION FOR EMPLOYMENT

Coastal Center for Developmental Services, Inc. is an equal opportunity employer. We do not discriminate with respect to employment based upon sex, race, creed, national origin, color, age or disability. We are prepared to assist all applicants requiring accommodation in the application and/or interview process and will consider reasonable accommodations relative to the essential functions of our jobs for those individuals who are certified disabled. This application shall remain on file for one year.

Type or Print Clearly in Ink and Sign Application When Complete

General Information

Last Name		First Name		M. I.
Street or Mailing Address			Apartment No.	
City	State	Zip Code	County	
Home Telephone No.		Work Telephone No.		
Mobile Telephone No.		e-mail		

Employment Eligibility

Are you a United States citizen? Yes No	Have you ever been convicted of a felony? Yes No
Do you know any of our current employees or consumers? If yes, provide name and relationship _____	
How did you hear about this job? _____	

Type of Work

Specific Job Title Sought	Specific Job Title Sought
1.	2.
Are you able to perform the essential duties of this type of position with or without reasonable accommodations?	Yes No
Are you currently employed?	Yes No
Are you presently laid off to recall with another company?	Yes No
When are you available to start work? _____	
Are you willing to meet our attendance requirements and be at work on time in accordance with the assigned schedule?	Yes No
Are you willing to travel if required for this position?	Yes No
Describe in a few words your strong points. _____	
Describe in a few words your weak points. _____	
Have you ever been bonded?	Yes No
Are you willing to work	Overtime Holidays Weekends Evenings Nights
Is there anytime that you cannot work? _____	

Qualifications

What qualifications do you have that would make you a valuable employee? _____
Can you lift 25 lbs. or more? Yes No

Education

High School Graduate or Equivalent (GED)? Yes No Date Completed _____ (Mo/Yr)	Vocational/ Business School Field of Study _____	No. of Months	Completed Yes No Date: _____ (Mo/Yr)	
Are you computer literate? Yes No If so, with what software programs are you proficient? _____				
COLLEGES/UNIVERSITIES (with addresses)	CITY/STATE	FIELD/AREA OF CONCENTRATION	Type of Degree (BS/BA/MA/PhD)	Date Completed Mo/Yr
Undergraduate* _____ _____				
Graduate* _____ _____				
Post Graduate* _____ _____				
* A transcript may be required if applicable				
Licenses	Number	Type	State Licensed In	

Language Skills

Check any which apply to you. Multilingual (Specify languages) Speak _____ Read _____ Write _____ Speak _____ Read _____ Write _____ Sign language

Work History

Note: If you need more space than provided below, please make a copy of this page and attach to the application. Describe your work history below beginning with your current or most recent job. If you worked for the same employer but held different jobs describe each separately. Describe in detail the specific duties beginning with your primary duties. Failure to give complete and detailed information regarding each job held may result in your disqualification from employment consideration. <i>You may submit a resume to document your work background.</i> However, if the resume does not contain all the information requested in the Work History, please fill in that information on the application.					
Current or Last Employer			Your Job Title		
Address			From (mo/yr)	To (mo/yr)	Hrs/wk
City	State	Zip Code	Check all that apply: Volunteer Intern Paid		Annual Salary \$
Your Supervisors Name & Title		May We Contact Employer? Yes No		Your Supervisor=s Phone Number () _____ - _____	
Reason for Leaving			# and types of employees you supervised.		

Work History (continued)

Last Employer			Your Job Title		
Address			From (mo/yr)	To(mo/yr)	Hrs/wk
City	State	Zip Code	Check all that apply: Volunteer Intern Paid		Annual Salary \$
Your Supervisors Name & Title		May We Contact Employer? Yes No		Your Supervisors Phone Number () _____ - _____	
Reason for Leaving			# and types of employees you supervised.		
Describe in detail your job duties _____ _____ _____					
<i>Related Computer Skills:</i> _____					
Last Employer			Your Job Title		
Address			From (mo/yr)	To(mo/yr)	Hrs/wk
City	State	Zip Code	Check all that apply: Volunteer Intern Paid		Annual Salary \$
Your Supervisors Name & Title		May We Contact Employer? Yes No		Your Supervisors Phone Number () _____ - _____	
Reason for Leaving			# and types of employees you supervised.		
Describe in detail your job duties _____ _____ _____					
<i>Related Computer Skills:</i> _____					

References

Name of Character Reference	Occupation	Years known	Phone No.
1.			
2.			
3.			

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(Continued)

CERTIFICATION: Read carefully before signing and dating. Unsigned applications will not be processed. I certify that all information on this application is correct. I authorize any agent or employee of the Coastal Center for Development Services, Inc. to verify this information and to release it to anyone who may consider me for employment. I understand that intentionally providing false information on this form or attachments is a violation of state law.

I understand that I will be required to take a post offer physical examination which will include a drug screening. I agree the examining authority may disclose the findings of this examination and drug screen to Coastal Center for Developmental Services, Inc. And that my initial employment is conditional upon meeting the requirements of this exam and drug-screen as established by the Agency.

I also release from any and all liability any person, school, agency, company or organization giving and/or receiving any information requested by Coastal Center for Developmental Services, Inc. in connection with my applying for employment. This will include a comprehensive criminal background check that will contain information on your credit worthiness, character, personal interviews and public sources.

I understand that this employment application in no way implies an employment contract and if employed, my employment may be terminated by Coastal Center for Developmental Services, Inc. at anytime with or without cause. The state of Georgia is an employment at-will state.

I have read and understand all the above.

Signature: _____ **Date:** ____/____/____

Individuals who have more than two accidents or moving violations in the past three years or have had a suspended or revoked driver's license in the past five years are prohibited from driving CCDS vehicles.

I authorize the Division of Motor Vehicles to furnish a copy of my driving record to Coastal Center for Developmental Services, Inc. at periodic intervals. This certifies that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature: _____ **Date:** ____/____/____

Revised July 2006

DRIVERS LICENSE VERIFICATION

Name (Please Print) _____		
Do you have a valid driver's license? Yes No	Issuing State: _____	Expiration Date: _____
Commercial drivers license Yes No	Issuing State: _____	Expiration Date: _____
1. List the following information for each unexpired motor vehicle operators license(s) you possess:		
Issuing State	License Number	Expiration Date
_____ _____		
2. List all motor vehicle accidents that you were involved in during the three (3) years preceding the date of this application:		
Date of Accident	Nature of Accident	List fatalities or personal injuries
_____ _____		
3. List all violations of motor vehicle laws or ordinances (excluding parking violations) that you were convicted of or forfeited bond or collateral during the three (3) years preceding the date of this application:		
Address	City	State/Zip
Date at this address		
_____ _____		
4. List in detail any denials, revocations, or suspensions of any license, permit, or privilege you have had to operate a motor vehicle:		
_____ _____		
5. List the address(es) at which you resided during the three (3) years preceding the date of this application.		
Address	City	State
_____ _____		