

APPLICANT'S CERTIFICATION AND STATEMENT

- Certification:** In consideration of this application for employment with the Company, I certify that all responses given by me, whether written or oral (including any supplements) are true, correct and complete. I understand that any misrepresentation or omission of facts given on the application and any supplements or made during interview(s) is sufficient cause for rejection of my application and dismissal from employment if and when discovered by the Company.
- Completion of Application:** I understand that completion of this application by me does not in any way indicate that there are any positions available and does not in any way obligate the Company.
- Authorization and Release:** I authorize the Company to make inquiries as it deems necessary into all statements made by me and to obtain any information, transcripts, records or documents pertaining to my background including, but not limited to, my personal, employment and financial history and all other related matters. I authorize all schools, individuals, employers and others to immediately respond to inquiries made in connection with this application for employment. I hereby release all parties, including the Company, from any and all liability or damage arising there from.
- Employment-at-Will:** I understand that this Employment Application and any other documents of the Company are not promises or contracts of employment for any term. Should I be employed, I understand that my employment will not be for any particular period of time and will be at-will. I can, therefore, terminate my employment with or without cause and with or without notice at any time and the Company has a similar right. I understand that no manager or representative of the Company has any authority to enter into any agreement for employment for any specified period of time or make any agreement contrary to the foregoing, except that a corporate officer may do so in writing.
- Physical Exam/ Statement:** I understand that I may be required to complete a health statement and/or submit to a pre- **Health** employment physical examination after a conditional offer of employment has been made. I release the Company from any and all liability incident to completion of the health statement and physical examination.
- Policies:** If favorable consideration of my application is made, I agree to abide and fully comply with all rules, policies and procedures as they currently exist or as may be modified/established by the Company at a later date. I understand that if I do not do so, I will be subject to disciplinary action, up to and including discharge.
- Acknowledgement:** I acknowledge that I have been given the opportunity to ask any questions about the above inquiries and Applicants Certification and Statement contained in my Application for Employment with the Company. I have read, understand and agree to the provisions contained in the Applicant's Certification and Statement. I understand this Application for Employment must be signed and dated.

Applicant's Signature

Date

Applicant's Printed Name

ASA ENGINEERING AND SURVEYING, INC.

105 W. CENTRAL AVENUE
VALDOSTA, GA 31601

Phone: (229) 244-0596
Fax: (229) 241-0784

P.O. BOX 430
VALDOSTA, GA 31603

APPLICATION FOR EMPLOYMENT

PERSONAL

NAME (Last, First, MI)		SOCIAL SECURITY NUMBER
PRESENT ADDRESS	CITY, STATE, ZIP CODE	HOW LONG
PREVIOUS ADDRESS	CITY, STATE, ZIP CODE	HOW LONG
HOME PHONE NUMBER	MESSAGE PHONE NUMBER	PAGER PHONE NUMBER

SPECIFIC POSITION FOR WHICH YOU ARE APPLYING: _____

WAGE EXPECTED: _____ DAYS/HOURS AVAILABLE: _____

WHEN ARE YOU AVAILABLE TO START? _____

HOW DID YOU HEAR ABOUT THIS POSITION? NEWSPAPER YELLOW PAGES JOB SERVICE FRIEND

LIST ANY SPECIAL SKILLS AND/OR EQUIPMENT YOU CAN OPERATE: (I.E., TYPING SHORTHAND, HEAVY EQUIPMENT, OFFICE MACHINES, SURVEY EQUIPMENT, ETC.)

COMPUTER SOFTWARE YOU HAVE USED: _____

ARE YOU A U.S. CITIZEN? YES NO

IF NO, CAN YOU PROVIDE PROOF THAT YOU CAN LEGALLY WORK IN THE U.S.? YES NO

ARE YOU ARE VETERAN? YES NO ARE YOU 18 YEARS OF AGE OR OLDER? YES NO

DO YOU HAVE ANY CHRONIC MEDICAL PROBLEMS, PHYSICAL DISABILITIES, PLANT ALLERGIES, INSECT BITE OR INSECT STING ALLERGIES THAT WOULD PREVENT YOU FROM PERFORMING THE DUTIES OF THE POSITION FOR WHICH YOU ARE APPLYING?

YES NO IF YES, EXPLAIN: _____

EDUCATION

HIGH SCHOOL _____ LOCATION _____

YEAR GRADUATED? _____ G.E.D.? YES NO

COLLEGE/UNIVERSITY/TECH SCHOOL _____ LOCATION _____

DID YOU GRADUATE? YES NO IF NO, YEARS COMPLETED? _____

DEGREE/CERTIFICATE _____ SPECIAL COURSES/MAJOR FIELD _____

OTHER TRAINING (INCLUDING MILITARY): _____

FOR INSURANCE PURPOSES

DO YOU HAVE:

A CURRENT DRIVER LICENSE? _____ YES _____ NO

YOUR OWN TRANSPORTATION? _____ YES _____ NO

WOULD YOU BE WILLING TO USE YOUR VEHICLE FOR ERRANDS IF MILEAGE IS REIMBURSED? _____ YES _____ NO

HAVE YOU BEEN CITED FOR A TRAFFIC VIOLATION OF ANY KIND WITHIN THE LAST FIVE YEARS? _____ YES _____ NO

IF YES, PLEASE GIVE DATE AND DETAILS:

HAVE YOU EVER PLED GUILTY OR "NO CONTEST" TO A CRIME OR BEEN CONVICTED OF A CRIME? _____ YES _____ NO

IF YES, PLEASE GIVE DATE AND DETAILS:

NOTE: ANSWERING "YES" TO EITHER OF THE ABOVE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT.

DO YOU HAVE ANY COMMITMENTS TO ANY OTHER EMPLOYER WHICH MAY AFFECT YOUR EMPLOYMENT? _____ YES _____ NO

IF YES, EXPLAIN:

GENERAL INFORMATION

HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE? _____ YES _____ NO

IF YES, PLEASE GIVE DATES AND POSITION:

DO YOU HAVE ANY FRIENDS OR RELATIVES WORKING HERE? _____ YES _____ NO

IF YES, NAME: _____ RELATIONSHIP: _____

COMMENTS

PLEASE INCLUDE ANY OTHER INFORMATION OR COMMENTS WHICH YOU FEEL WILL FURTHER CLARIFY YOUR QUALIFICATIONS FOR THE POSITION FOR WHICH YOU ARE APPLYING:

EMPLOYMENT RECORD

LIST EMPLOYMENT FOR THE LAST 5 YEARS BEGINNING WITH PRESENT JOB. (INCLUDE MILITARY EXPERIENCE)

EMPLOYER/ADDRESS	JOB TITLE	DATES OF EMPLOYMENT	RATE OF PAY
	DUTIES	SUPERVISOR	PHONE #
CITY/STATE/ZIP		REASON FOR LEAVING	MAY WE CONTACT?
EMPLOYER/ADDRESS	JOB TITLE	DATES OF EMPLOYMENT	RATE OF PAY
	DUTIES	SUPERVISOR	PHONE #
CITY/STATE/ZIP		REASON FOR LEAVING	MAY WE CONTACT?
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EMPLOYER/ADDRESS	JOB TITLE	DATES OF EMPLOYMENT	RATE OF PAY
	DUTIES	SUPERVISOR	PHONE #
CITY/STATE/ZIP		REASON FOR LEAVING	MAY WE CONTACT?

REFERENCES

LIST THREE PERSONS (NOT RELATED TO YOU OR NOT PAST EMPLOYERS) WHO ARE FAMILIAR WITH YOUR WORK SKILLS.

NAME AND OCCUPATION	ADDRESS	PHONE NUMBER

APPLICANT'S SIGNATURE: _____ DATE: _____

I give my permission to release my prior employment history and information to ASA Engineering & Surveying, Inc.

INTERVIEWED BY _____ DATE _____

HIRE DATE _____ NOT HIRED, REASON _____