



2111 U.S Highway 411 NE - P.O BOX 200277
Cartersville, GA 30120
Phone: 770-387-3820 ~ Fax: 770-387-3824

APPLICATION FOR EMPLOYMENT

Date: _____

Personal Information

Name:	
Present Address:	Home Phone:
City, State, Zip:	Cell phone:
Permanent Address:	
City, State, Zip:	
Are you a U.S. Citizen or do you have a Visa permitting employment in the U.S.?	
If under age 18, please list Date of Birth:	

Position applying for:	Desired Wage:
How did you here about us? <input type="checkbox"/> Radio <input type="checkbox"/> Newspaper <input type="checkbox"/> Friend	
Type of Employment Desired?	
<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer/Seasonal	
Are you presently employed?	Date you can start?
Have you ever worked here before?	When?
Have you ever applied at Paragon?	When?
During the past 2 years, how many work/school days have you been absent, not including vacations and holidays?	

Have you ever been convicted of a crime?	If yes, please describe and indicate dates:
<i>(Conviction will not necessarily disqualify you from employment unless the offense is substantially related to the circumstances of the job for which you are being considered.)</i>	
Please list any acquaintances or relatives employed by Paragon who we may contact as a reference.	
Name and Relationship	Name and Relationship
Name and Relationship	Name and Relationship

Education/Training

Name of High School: _____ Dates Attended: _____																								
Field of Study: _____																								
Graduated: Yes / No																								
If Not a High School Graduate Did You Receive Your G.E.D: Yes/No When? _____																								
Name of College/Technical School: _____ Dates Attended: _____																								
Field of Study: _____																								
Graduated: Yes / No																								
For manufacturing jobs only: Circle the following tools, skills and/or equipment you have used.																								
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Forklift</td> <td style="width: 25%;">Inventory</td> <td style="width: 25%;">Brake Press</td> <td style="width: 25%;">Shear</td> </tr> <tr> <td>Drills</td> <td>Rivet Gun</td> <td>Grinder Chipper</td> <td>Lathes</td> </tr> <tr> <td>Hydraulics</td> <td>Generators</td> <td>Electrical</td> <td>Hand Tools</td> </tr> <tr> <td>Paint Cup Gun</td> <td>CDL</td> <td>Auto CAD</td> <td>Impact Wrench</td> </tr> <tr> <td>CNC Machines</td> <td>Overhead Cranes</td> <td>Arc Welder</td> <td>Tig Welder</td> </tr> <tr> <td>Plasma Cutter</td> <td>Mig Welder</td> <td></td> <td></td> </tr> </table>	Forklift	Inventory	Brake Press	Shear	Drills	Rivet Gun	Grinder Chipper	Lathes	Hydraulics	Generators	Electrical	Hand Tools	Paint Cup Gun	CDL	Auto CAD	Impact Wrench	CNC Machines	Overhead Cranes	Arc Welder	Tig Welder	Plasma Cutter	Mig Welder		
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Employment History

(Please fill out even if you attach a resume.)

Present or last Employer:		
From - Month / Year:	To - Month / Year:	Position:
Beginning Wage:	Ending Wage:	
Company Name:		
Type of Business:	Phone Number:	
Address: City, State, and Zip:		
Job Duties:		
Name of Supervisor:		
May we contact your present employer? Yes / No		
Reason for Leaving:		

Next Previous Employer:		
From - Month / Year:	To - Month / Year:	Position:
Beginning Wage:	Ending Wage:	
Company Name:		
Type of Business:	Phone Number:	
Address: City, State, and Zip:		
Job Duties:		

Name of Supervisor:
Reason for Leaving:

Next Previous Employer:		
From - Month / Year:	To - Month / Year:	Position:
Beginning Wage:	Ending Wage:	
Company Name:		
Type of Business:	Phone Number:	
Address: City, State, and Zip:		
Job Duties:		
Name of Supervisor:		
Reason for Leaving:		

Next Previous Employer:		
From - Month / Year:	To - Month / Year:	Position:
Beginning Wage:	Ending Wage:	
Company Name:		
Type of Business:	Phone Number:	
Address: City, State, and Zip:		
Job Duties:		

Name of Supervisor:
Reason for Leaving:

Please list references Paragon may contact. Include only individuals familiar with your work ability and performance. You may choose to include present or past supervisors listed under your employment experience. Do not include relatives.

Name: _____
Address: _____
Phone Number: _____
Occupation: _____

Name: _____
Address: _____
Phone Number: _____
Occupation: _____

Name: _____
Address: _____
Phone Number: _____
Occupation: _____

Emergency Contact Information:

Name: _____ Phone Number: _____
Address: _____

THE FACTS SET FORTH ABOVE IN MY APPLICATION FOR EMPLOYMENT ARE TRUE AND COMPLETE. I UNDERSTAND THAT IF EMPLOYED, FALSE OR MISLEADING STATEMENTS ON THE APPLICATION SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL.

Pursuant of the Fair Credit Reporting Act, you are hereby given notice that a investigative consumer report may be made including information as to character, general reputation, and mode of living in connection with your application for employment. You have a right within a reasonable time to request in writing a complete and accurate disclosure of the nature and scope of any investigation requested.

PRE-EMPLOYMENT DRUG SCREENING: I agree to give urine specimens as required by the Company and authorize the release of all medical history, physical examination, and specimen analysis information to my prospective employer. I understand that if I do not cooperate fully in the giving of the specimen, or if my specimen fails to pass drug screening, my employment application will be rejected.

I certify that all information is true, complete and correct to the best of my knowledge. I understand that any false or misleading statements may result in rejection of my application, or if employed-my immediate dismissal.

I hereby give permission to the employer to seek to verify and supplement the information set forth herein. I release every person seeking or providing my information from all liability or legal claims. A photocopy of this release shall be as valid as the original.

I understand that employment with this employer is not contractual and it is at will, terminable by any time by the employer, at its sole discretion, with or without notice. I further understand that such employment with this employer is pursuant to such terms and conditions as may be established by the employer, and that such terms and conditions are subject to change without notice.

I understand that statements which may be contained in policies, practices, handbooks and other Company material, do not create any contract or guarantee of employment. Any promises to the contrary, will only be relied upon by me if they are in writing and signed by an authorized Company official.

I consent to taking such pre-placement physical examinations as may be required by the Company.

Signature of Applicant

Date

List or describe any additional education, training, and skills you have that are not included elsewhere; such as Manufacturers Schools, Seminars, Apprenticeships, Office Equipment, Sheet Metal, Electronic/Electrical Instruments, Measuring Devices, Shop Math, etc.

List your professional organizations memberships, etc that pertains to the position you are applying for. (This information will be used only where relevant to assist us in determining what positions might be appropriate for consideration.)



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CONFIDENTIAL REFERENCE RELEASE

Applicant Name: _____ Social Security Number: _____

I hereby authorize my former employer(s) to give any information regarding my employment for a work reference, either verbally or in writing. I hereby release Paragon and it's employees and agents and all persons and Employers contacted from all liability or claim that may arise from such process. A photocopy shall be as valid as the original.

Signature: _____ Date: _____

The above names applicant has applied for employment at Paragon. The applicant states that he/she was employed by your firm from _____ to _____. We would sincerely appreciate the following information. Your reply will be kept in confidence.

Dates of Employment: _____ to _____ Position held: _____

	Excellent	Satisfactory	Unsatisfactory
Quality of work:	_____	_____	_____
Quantity of Work:	_____	_____	_____
Ability to Plan/Organize:	_____	_____	_____
Cooperation with Others:	_____	_____	_____
Attendance/Punctuality:	_____	_____	_____
Initiative:	_____	_____	_____
Accident Record:	_____	_____	_____

Additional Remarks:

Reason for Leaving: _____

Would you rehire: _____ If no, why not? _____

Employer Signature/Title _____ Date _____