

C4 Planning Solutions, LLC • 4914 Deans Bridge Road • Blythe, GA 30805

APPLICATION FOR EMPLOYMENT													
Present Address:				City, State, Zip:									
Permanent Address:				City, State, Zip:									
Phone: Business Phone:				Email Address:									
Employment Desired:													
Available				e:		Salary Desired:							
No		If so, ma	ay we contact your employer? Yes					No					
Yes	No	Where?	When?										
1 2	3	4	5	6	7	8	9	10	11	12			
you have a	high school	l equivalen	ncy diploma	a?	Yes		No						
ol graduatio	on: 1	2	3	4	5	6	7						
Name and Location of Institution: Degree Received:				Major or Specialty: Minor: Dates Atter						ded:			
If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date:													
Date:													
Starting with the most recent, describe all paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items.													
Job Title: Employer:													
Address:				Phone				e:					
						'							
Immediate Supervisor:				Title:									
nd Date:			Full-Time: Part-Time:			e:	Hours/Week:						
Number and titles of employees you supervised:													
Equipment Used:													
Reason for Leaving:				Your name if different from present:									
	No Yes 1 2 you have a ol graduation program in the second	Business Phone: No Yes No 1 2 3 you have a high school ol graduation: 1 Degree R Drogram in the near future or	Business Phone: Available No If so, ma Yes No Where? 1 2 3 4 you have a high school equivaler ol graduation: 1 2 Degree Received: Drogram in the near future, please orogram in the near future, please this position. You may list signif	City, Star City, Star Business Phone: Available Start Date No If so, may we contain the near future, please indicate with the position. You may list significantly different this position. You may list significantly different this position. You may list significantly different this position. Title: Title: Date: Title: Title: Title: Title: Tryised:	City, State, Zip: City, State, Zip: City, State, Zip: Available Start Date: No If so, may we contact your Yes No Where? 1 2 3 4 5 6 you have a high school equivalency diploma? ol graduation: 1 2 3 4 Degree Received: Major or Special program in the near future, please indicate what type program in the near future, please indicate what type program in the near future is gonificantly different juickly program in the near future. Employer: Tittle: Date: Full-Time:	City, State, Zip: City, State, Zip: City, State, Zip:	City, State, Zip: City, State, Zip:	City, State, Zip: City, State, Zip: Business Phone:	City, State, Zip: City, State, Zip: Business Phone: Available Start Date: No If so, may we contact your employer? Yes No Where? When? 1 2 3 4 5 6 7 8 9 10 you have a high school equivalency diploma? Pegree Received: Major or Specialty: Minor: Degree Received: Major or Specialty: Minor: Date: Full-Time: Part-Time: Hours/Week:	City, State, Zip: City, State, Zip: Email Address: Salary Desired: No			

Job Title:		Employer:								
Address:	Phone:			one:						
Type of Business:										
Immediate Supervisor:	Title:									
Start Date:	End Date:	Full-Time: Part-Time:			Hours/Week:					
Duties:										
Number and titles of employees you supervised:										
Equipment Used:										
Reason for Leaving:	Your name if different from present:									
Job Title:	Employer:									
Address:	Address:				Phone:					
Type of Business:										
Immediate Supervisor:	ate Supervisor:									
Start Date:	End Date:	Full-Time:	Part-Time:		Hours/Week:					
Duties:										
Number and titles of employees you supervised:										
Equipment Used:										
Reason for Leaving:	Your name if different from present:									
Referral (If Applicable): List the name of the C4 Planning Solutions employee that has referred you to this job opening:										
Name:										
References: List names, addresses	s and relationships of three persons	s not related to	you who kr	ow y	our qualif	ications:				
Name:	Address:	Phone:				Relationship:				
Name:	Address:	Phone:			F	Relationship:				
Name:	Address:	Phone:		Rela		Relationship:				
Authorization										
"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing, and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."										
Date:	Applicant Signature:									