Clearview Inspections

3383 Main Street, College Park, Georgia, 30337 (404) 768-8501

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Inspector Job Application

PERSONAL INFORMATION

FULL NAME:	DATE:
ADDRESS:	
CITY:STATE:	ZIP CODE:
E-MAIL:	PHONE:
SOCIAL SECURITY NUMBER (SSN):	
DATE AVAILABLE:	
DESIRED PAY:	

POSITION APPLIED FOR:
EMPLOYMENT DESIRED: □ PART-TIME or SEASONAL
EMPLOYMENT ELIGIBILITY
ARE YOU A U.S. CITIZEN? □ YES
*IF NO, ARE YOU ALLOWED TO WORK IN THE U.S.? \square YES \square NO
HAVE YOU EVER WORKED FOR THIS EMPLOYER? □ NO
*IF YES, WRITE THE START AND END DATES:
HAVE YOU EVER BEEN CONVICTED OF A FELONY? □ NO
*IF YES, PLEASE EXPLAIN:

EDUCATION

HIGH SCHOOL:		CITY / STATE:	
FROM:	TO: _		
GRADUATE? □ YES			
DIPLOMA:			
COLLEGE:		CITY / STATE: _	
FROM:	TO: _		
GRADUATE? □ YES			
DEGREE:			
OTHER:		CITY / STATE:	
FROM:	TO: _		
DEGREE:			

OTHER:	CITY / STATE:	
FROM:	TO:	
	EMPLOYMENT HISTORY	
EMPLOYER #1:		
E-MAIL:	PHONE:	
ADDRESS:		_
CITY:	STATE:ZIP CODE:	
STARTING PAY: \$	🗆 HOUR 🗆 SALARY	
ENDING PAY: \$	□ HOUR □ SALARY	
JOB TITLE:	RESPONSIBILITIES:	
STARTING DATE:	ENDING DATE:	

REASON FOR LEAVING):		
FMPI OYFR #2			
E-MAIL:		PHONE:	
ADDRESS:			_
CITY:	_STATE:	ZIP CODE:	-
STARTING PAY: \$	□ HOUR □ SALA	ARY	
ENDING PAY: \$	🗆 HOUR 🗆 SALAR'	Υ	
JOB TITLE:	RESPONSIBILITII	ES:	
STARTING DATE:	ENDING DAT	ΓΕ:	
REASON FOR LEAVING); 		

REFERENCES

REFERENCE #1:	RELATIONSHIP:
COMPANY:	TITLE:
E-MAIL:	PHONE:
REFERENCE #2:	RELATIONSHIP:
COMPANY:	TITLE:
E-MAIL:	PHONE:

BACKGROUND CHECK CONSENT

IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? \square YES

DISCLAIMER

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.
I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.
SIGNATURE DATE:
PRINT NAME