

Date application submitted:		
Full name:		
(Last)	(First)	(M.I.)
Address	• • •	()
_		
(Street Name)	(Apartment/Unit#)	
(City)	(State)	(Zip Code)
Phone number:()	Email Address:	
	Desired pay rate	
	Do you obtain a cle	
Are you looking for a: Full Time	or Part Time (Please circle)	
States? Y / N Have you ever been convicted of a Would you agree to a background Please provide any information wit	•	hments, including military
Education History High School		
Address:		<u> </u>
	Date Ending:	
Degree Upon Completion:		
College		
Address:		
Date Beginning:	Date Ending:	

Additional Educational Courses or Certificates Address:			
Degree Upon Completion:			
Professional References			
Name:			
Occupation/Role:			
Length of employment:	_		
Phone number for contact:			
May we contact them? Y / N			
None			
Name:			
Occupation/Role:			
Length of personal relationship:			
Phone number for contact:			
May we contact them? Y / N			
Personal Reference:			
Name:			
Occupation:			
Length of personal relationship:			
Phone number for contact:			
May we contact them? Y / N			

Disclaimer:

I certify that the information contained in this application is correct and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or any of the hiring process, can and will result in discharge from my employment with Pro Renovations Savannah Ltd Co.

I hereby authorize any of the persons or organizations listed in my application to give all information concerning my previous employment, education or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and release all such parties from all liability that may result from furnishing such information to you. I authorize you to request and receive such information. In consideration for my employment and my being considered for employment by your company, I agree to adhere to the rules and regulations may be changed by your company at any time, at the company's sole option and without any prior notice. In addition, I acknowledge that my employment may be terminated, and

any offer of employment if such is made, may be time, at the option of either the company or myse	•
Name (print):	
Signature:	-
Date:	

Please email this application to Sophie Sarver at the following email address: <u>SSARVER@Prorenovationsga.com</u>

If you wish to mail your application please forward them to:

Attn: Sophie Sarver P.O. Box 1155 Pooler, GA. 31322