



# SMITH WELCH WEBB & WHITE<sub>LLC</sub>

ATTORNEYS AT LAW  
TRUSTED SERVICE FOR A LIFETIME

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## **TO ALL SMITH, WELCH, WEBB & WHITE<sub>LLC</sub> CANDIDATES/APPLICANTS:**

Attached you will find an application for employment. Smith, Welch, Webb & White<sub>LLC</sub> is looking for loyal and ethical employees who meet our position requirements. To assure that this objective is met, a background check will be conducted on all applicants prior to issuing an offer of employment. Our background checks include: verification of employment, education, and criminal history for the past 7 years, as well as a Motor Vehicle Report if applicable.

To expedite this process, please adhere to the following guidelines when completing our application:

- Complete application in its entirety (e.g. do not write “see resume”).
- Write/print legibly in order that our vendor(s) can read all information necessary to conduct the background check (e.g. school, locations, telephone numbers, company names, contact names and numbers, etc.).
- Please do not abbreviate names, places or locations.
- If previous reference or school record has ever known you by another name, or alias please note on the application.
- Please indicate in the “Education Section”, whether you received a GED certificate or a high school diploma. This information is important during our background verification process as each are verified differently. Smith, Welch, Webb & White<sub>LLC</sub> acknowledges both as acceptable means of high school completion. If you received a GED, please specify the date and location or facility that the GED test was taken.
- References should include: name, address, city, state, and telephone number.
- If you have a military background, please provide a copy of your DD-214 or discharge papers to accelerate the background verification process.
- Above all, be open and honest (e.g. terminated from job, position titles, salary information, convictions, etc.).



**SMITH WELCH**  
**WEBB & WHITE<sub>LLC</sub>**  
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**Employment Application**

Smith, Welch, Webb & White<sub>LLC</sub> appreciates your interest in our company as a place of employment. Your qualifications will be given careful considerations for openings that may exist. It is our Company's policy to employ, retain, promote, terminate and otherwise treat all employees and job applicants without regard to any individual's race, religion, color, sex, national origin, age, marital status, sexual orientation, veteran status or disability.

**GENERAL INFORMATION**

**Date of Application:** \_\_\_\_\_

Name (Last)	(First)	(Middle)	Social Security Number		
Telephone Number		Alternate Phone Number		Email Address	
Current Street Address		City	State	Zip Code	County
Are you 18 years of age or older?		If you are under 18, can you furnish a work permit?			
For verification of education or work history, indicate use of any other name that you have been known by:					
Positions Applied For:		Location Preference	Date Available	Salary Requirements	
Employment Desired (Please check)			Hours/Days Available		
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary					
How did you learn about this position? OTHER:					
List relatives employed by Smith, Welch, Webb & White <sub>LLC</sub> :					
Name: _____ Relationship: _____ Location: _____ (Attach a separate sheet if necessary)					

Have you previously applied for employment with Smith, Welch, Webb & White<sub>LLC</sub>?

If so, which location? \_\_\_\_\_ Date: \_\_\_\_\_

If offered employment, can you submit proof of your legal right to work in the U.S.?

Have you been convicted of any criminal offenses other than minor traffic violations?

If yes, please explain.

(Where) \_\_\_\_\_ (When) \_\_\_\_\_ (Offense) \_\_\_\_\_

(Disclosure of a criminal record will not necessary disqualify you for employment consideration. Each conviction will be evaluated on its own merits with respects to time, circumstances and seriousness, in relation to the job for which you are applying. However, failure to disclose such information may result in disqualification of your application or termination of your employment.)

Name: \_\_\_\_\_ SS# \_\_\_\_\_

## EDUCATION

Type of Education	Name of School, City, State Location (campus)	Graduated	Type of Diploma or Degree
High School		Yes / GED / No	
College		Yes / No	
Graduate School		Yes / No	
Other Training		Yes / No	

## SPECIAL SKILLS OR TRAINING

Computer Proficiency:

Software: \_\_\_\_\_

Hardware: \_\_\_\_\_

General Office:      Keyboard WPM:      Shorthand:      Ten Key:      Other \_\_\_\_\_

Professional Certifications, Organizations and Licenses: \_\_\_\_\_

\_\_\_\_\_

## MILITARY SERVICE

Branch of U.S. Military Service: \_\_\_\_\_ Rank at Discharge: \_\_\_\_\_

Dates Served: from \_\_\_\_\_ to \_\_\_\_\_ Brief description of military duties in the service: \_\_\_\_\_

\_\_\_\_\_

Special Training and Awards: \_\_\_\_\_

Business acquaintances other than immediate supervisors who are qualified to comment on your ability and experience. (In most cases, these references will be contacted by Smith, Welch, Webb & White LLC. Do not list any person you do not want us to contact.)

## EMPLOYMENT REFERENCES

Name:	Title:	Phone:
Company:	Address:	
Name:	Title:	Phone:
Company:	Address:	
Name:	Title:	Phone:
Company:	Address:	
Name:	Title:	Phone:
Company:	Address:	

Name: \_\_\_\_\_ SS# \_\_\_\_\_

Begin with your present or most recent employment. Account for all work history including part-time, temporary, military service, and self-employment. Failure to fully and accurately complete the information required below may delay or prevent employment consideration or subject you to discharge in the event you are hired.

## EMPLOYMENT HISTORY

Current/Most Recent Employer:	Immediate Supervisor May we contact? Yes/ No	Dates Employed To	Salary
City, State Zip	Phone Number	From	Starting \$ _____ Ending \$ _____
Position Held and Brief Description		Reason for leaving	
Previous Employer:	Immediate Supervisor May we contact? Yes/ No	Dates Employed To	Salary
City, State Zip	Phone Number	From	Starting \$ _____ Ending \$ _____
Position Held and Brief Description		Reason for leaving	
Previous Employer:	Immediate Supervisor May we contact? Yes/ No	Dates Employed To	Salary
City, State Zip	Phone Number	From	Starting \$ _____ Ending \$ _____
Position Held and Brief Description		Reason for leaving	
Previous Employer:	Immediate Supervisor May we contact? Yes/ No	Dates Employed To	Salary
City, State Zip	Phone Number	From	Starting \$ _____ Ending \$ _____
Position Held and Brief Description		Reason for leaving	
Previous Employer:	Immediate Supervisor May we contact? Yes/ No	Dates Employed To	Salary
City, State Zip	Phone Number	From	Starting \$ _____ Ending \$ _____
Position Held and Brief Description		Reason for leaving	

Name: \_\_\_\_\_

SS# \_\_\_\_\_

## ADDITIONAL EMPLOYMENT

Work history prior to or in addition to employment outlined above. Include volunteer or community service work.

Name & Address of Employer	Date Employed From/To	Job Title	Reason for Leaving

Have you entered into any restrictive covenant, non-compete agreement, or nondisclosure agreement entered into with your current or any former employer that would restrict you from performing any duties of position(s) for which you are applying with Smith, Welch, Webb & White LLC?

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**CERTIFICATION  
(READ CAREFULLY BEFORE SIGNING)**

I hereby authorize Smith, Welch, Webb & White LLC to conduct an investigation concerning all statements contained in my application for employment, to interview any and all former employers and employment references, and to conduct any other investigation the Company deems appropriate. I request any duly constituted law enforcement agency or judicial officer to furnish the Company with all information pertaining to me concerning arrest for which convictions were obtained, and I hereby release the Company and such law enforcement agency, judicial officer, or other individual for any liability arising from disclosure of the information obtained during such an investigation.

I agree to furnish any additional information and/or submit to any applicable, job related oral, written examinations or testing. I agree to submit to a pre-employment drug screen, and pre-employment processing, as may be required to complete the employment file.

It is agreed and understood that this application for employment does not obligate Smith, Welch, Webb & White LLC to employ me.

In consideration of my employment, I agree to conform to the rules and regulations of Smith, Welch, Webb & White LLC and I understand and agree that my employment will be for no definite period of time and that my employment can be terminated, with or without cause, and with or without notice at any time at the option of either the Company or myself. I understand that no manager or representative of Smith, Welch, Webb & White LLC other than the Partners of the firm 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, and then only if the agreement is expressly set forth in a written document signed by the employee and by the Partner of the firm. The language of this paragraph shall supersede the language of any other document pertaining to my employment with Smith, Welch, Webb & White LLC. Any waiver of the language referred to in this paragraph must set forth this paragraph and indicate that its language is specifically waived. This agreement shall supersede all previous agreements or understanding, written or oral, by and between me and Smith, Welch, Webb & White LLC and shall be effective on the date on which I commence my employment with Smith, Welch, Webb & White LLC.

**CERTIFICATION  
(READ CAREFULLY BEFORE SIGNING)**

I CERTIFY THAT ANY AND ALL STATEMENTS THAT I HAVE SET FORTH IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I ALSO RECOGNIZE THAT ANY MISSTATEMENT OR OMISSION OF FACTS CALLED FOR IN THIS APPLICATION, IN ANY SUPPLEMENT THERETO, OR IN ANY OTHER COMPANY RECORDS SUPPLIED OR COMPLETED BY ME WILL BE SUFFICIENT GROUNDS FOR NOT EMPLOYING ME OR MAY SUBJECT ME TO DISCHARGE IN THE EVENT THAT I AM HIRED. I FURTHER UNDERSTAND THAT MY CONTINUED EMPLOYMENT MAY BE CONTINGENT UPON SATISFACTORILY PASSING A PRESCRIBED PHYSICAL EXAMINATIONS, AS NECESSARY; AND SIGNING THE COMPANY'S "CODE OF EHTICS AND EMPLOYEE AGREEMENT REGARDING PROPERTY RICHTS." (COPIES OF THE PRECEDING DOCUMENTS ARE AVAILABLE FOR INSPECTION.)

\_\_\_\_\_  
Signature (In Ink)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Social Security Number

Your interest in employment with Smith, Welch, Webb & White LLC is sincerely appreciated. Please feel free to attach to this application any additional information that you feel will be helpful in evaluating your qualifications.

“A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT”

**The Fair Credit Reporting Act (FCRA) as amended by PL-104-208 is designed to promote accuracy, fairness and privacy of information in the files of every “consumer-reporting agency” (CRA).** Most CRAs are credit bureaus that gather and sell information about you to creditors, employers, landlords, and other businesses. Other CRA's are companies who gather and provide certain background information on you to companies for employment purposes such as employment consideration, retention and promotion. In the event such a report concerning you is procured for employment purposes, the FCRA gives you certain rights, which are outlined below. A complete text of the FCRA, 15 U.S.C. 1681-1681u, Public Law 104-208, is available at the Federal Trade Commission's web site (<http://www.ftc.gov>). You may also have additional rights under state law and you may wish to contact a state or local consumer agency or a state attorney general to learn those rights.

- **It must be disclosed to you in writing when a consumer report is ordered for employment purposes.** (This disclosure is usually in the form of a notification/release type document).
- **You must be provided a copy of the report as well as a summary of your rights before any adverse action(s) is taken against you as a result of information contained in this report.** All information is releasable to you except the names/titles of specific individuals who may have provided information concerning you.
- **You must be provided with the name, address and telephone number of the CRA.**
- **You may dispute the accuracy of information directly with the CRA.** If you believe that information in your file is inaccurate, you have the right to call the CRA and request a re-investigation of information based on information provided by you, unless your dispute is frivolous. If the CRA investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated or cannot be verified.**
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

For more information or for clarification of any issue, it is suggested that you contact the CRA in question, the Federal Trade Commission, your state or local consumer protection agency or your legal council.



# SMITH WELCH

WEBB & WHITE<sup>LLC</sup>

ATTORNEYS AT LAW

TRUSTED SERVICE FOR A LIFETIME

## **NOTIFICATION/AUTHORIZATION/RELEASE OF INFORMATION**

I agree to read this form carefully because I understand that Smith, Welch, Webb & White LLC, or any of its subsidiaries (collectively, the "Company") may request information in connection with my application for employment, or at any time during the course of my employment with the Company, if any, for purposes of evaluating my suitability for employment, promotion, reassignment or retention as an employee. Additionally, in the event that claims or disputes between the Company and me are filed with any third parties, the Company may request consumer reports or investigative consumer reports for purposes of evaluation and response of whether I remain in the employ of the Company at the time such claims or disputes arise.

I understand and agree that these consumer or investigative reports may include, but are not limited to, credit reports, court records checks, driving records and/or summaries of educational and employment records and histories. The information contained in these reports may be obtained by a consumer reporting agency from public records sources or through personal interviews with my co-workers, neighbors, friends, as associates, current or former employers, educational institutions, or other personal acquaintances. The information may include, but is not limited to information regarding my background, character, general reputation, mode of living, credit worthiness and job performance.

I understand that, upon written request within a reasonable period of time, I am entitled to additional information concerning the nature and scope of any investigation conducted via personal interviews by submitting a written request to: Smith, Welch, Webb & White LLC; Human Resources Department, PO Box 10; McDonough, GA 30253.

### **AUTHORIZATION**

I have carefully read and understand this notice and authorization form and, by my signature below, consent to the release of consumer or investigative consumer reports, as defined above, to the Company (1) in conjunction with my application for employment, (2) during the entire course of my employment, if any, and (3) after any such employment ends. I understand and acknowledge that nothing in this notice and authorization is intended to be, or is, an offer of employment or a promise of continued employment.

\_\_\_\_\_  
Full Name (Print or Type)

\_\_\_\_\_  
Other Names Known By

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
Current Telephone #

\_\_\_\_\_  
Driver's License Number and State Issued

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth\*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\*Date of birth is necessary to perform certain investigative reports. (Note the Age Discrimination in Employment Act of 1967, as amended, prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.)



## **PURPOSE:**

Smith, Welch, Webb & White LLC employees are expected to exercise a high degree of competency in the operation and maintenance of their vehicles. Our drivers are expected to abide by federal/state/local safety regulations and promote/ensure the well being of both our employees and the communities we serve. *Smith, Welch, Webb & White's ultimate goal is to hire and maintain employees who are safe, responsible, courteous and conscientious drivers.*

*This policy will be implemented and administered in a manner consistent with any state and local laws and regulations.*

## **POLICY**

Motor Vehicle Reports are required as a part of our background process on any applicant where driving is a requirement of the job. Smith, Welch, Webb & White LLC will not hire any job applicant who:

- has had their driver's license suspended, revoked, withdrawn, or denied in the past three (3) years for moving violations or accidents;
- has had three (3) or more speeding tickets within a three (3) year period;
- has had three (3) or more moving violations within a three (3) year period;
- has had a total of three (3) or more preventable accidents and moving violations within a three (3) year period;
- careless or reckless driving within a three (3) year period;
- has been cited for careless or reckless driving resulting in an injury or death of a passenger/pedestrian/or driver of another vehicle within a ten (10) year period;
- has knowingly participated in the illegal manufacture, transportation, distribution, possession, sale, or use of alcohol or illegal drugs; or
- has been cited for operating a vehicle while under the influence of alcohol and/or illegal drugs (DUI); or
- has been cited for driving while intoxicated or under the influence of alcohol (DWI) within a three (3) year period.

No application whose MVR record show that he/she left the scene of an accident resulting in personal injury or death can be hired for a position requiring the use of a company vehicle.

## **WHO WILL IT COVER**

Any applicant under consideration for a Smith, Welch, Webb & White LLC position where driving his or her own vehicle or company vehicle is a job requirement will be covered under this policy. Some examples of positions that have been identified are: *Couriers, Abstractors or any individuals in which driving on company business is an essential function of their job.*

*This policy would exclude employees whose only purpose for driving would include one or more of the following:*

- Driving to work daily to a Smith, Welch, Webb & White LLC location
- Entertainment / Business luncheons
- Attendance of off-site, outside training sessions
- Have job responsibilities that could include driving to and from another Smith, Welch, Webb & White LLC location (e.g. training at another office, etc.), unless a requirement of the job.

## **APPLICANT'S RESPONSIBILITY:**

Applicants will be required to provide as part of our application process:

- Valid Driver's License, which is appropriate for the type of vehicle operating
- Proof of Insurance Coverage which meets the state minimum requirements for liability (if applicant will be expected to drive his/her personal vehicle)
- Clear driving record that meet Smith, Welch, Webb & White's standard as determined by the Partnership and Human Resources via MVR report

## **HUMAN RESOURCES RESPONSIBILITY:**

- Screen applicants who are being considered for positions that require driving a company vehicle/personal vehicle/rental car
- Assure Motor Vehicle Report (MVR) is secured from background vendor
- Advise Partners of background (e.g. pass/fail based upon Smith, Welch, Webb & White's MVR Policy Criteria)

## **APPLICANT ACCESS/RIGHTS:**

Based upon the Fair Credit Reporting Act (FCRA), the results of Motor Vehicle checks collected for the purpose of employment will be released from our vendor to a potential hire if adverse action is taken due to information received from the report.

## **SUMMARY:**

Smith, Welch, Webb & White LLC has implanted this policy to: 1) promote employee's safe operations of motor vehicles at all times, including while conducting business for Smith, Welch, Webb & White LLC, 2) to maintain compliance with federal/state/local safety regulations and 3) to promote motor vehicle safety, thereby reducing injuries by setting high standards for Smith, Welch, Webb & White LLC employees operating vehicles for company business.

## **RESERVATION OF RIGHTS:**

Smith, Welch, Webb & White LLC reserves the right to interpret, change or rescind this policy, in whole or in part, without notice.



VOLUNTARY  
EQUAL EMPLOYMENT OPPORTUNITY (EEO)  
PERSONAL INFORMATION SHEET

Qualified applicants are considered for employment without regard to race, religion, sex, national origin, age, marital status, sexual orientation, veteran status, or disability. This employer is committed to taking affirmative action to employ qualified females, minorities, disabled individuals, special disabled veterans, and veterans of the Vietnam era.

In order to help us comply with Federal/State equal employment record keeping and reporting requirements, we request that you answer to following questions. Completion of this form is voluntary, on your part and will not preclude you from employment consideration. This detachment will be kept in a confidential file separate from your application for employment.

**If you elect to participate please complete in its entirety and place in the enclosed envelope, seal and turn in with your application.**

\_\_\_\_\_

Last Name	First Name	Middle Name
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Address	City/State	Zip Code
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Position Applied for: \_\_\_\_\_ Date Applied: \_\_\_\_\_

Gender (check one)                      Female              Male

Race/Ethnic Identification (check one)

- American Indian or Alaskan Native – All persons having origins in any of the original people of North America
- Asian or Pacific Islander – All persons having origins in any of the original people of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands
- Black (not of Hispanic origin) – All persons having origins in any of the Black racial groups of Africa
- Hispanic – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race
- White (Not of Hispanic origin) – All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East

Please check all that are applicable:

Individual with Disability	Vietnam Era Veteran 1964-1975	Special Disabled Veteran
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