



# Cobb Galleria Centre & Cobb Energy Performing Arts Centre

## Application for Employment



**Return applications to:** **Cobb Galleria Centre, HR ~ or ~ Cobb Energy Performing Arts Centre, HR**  
**Two Galleria Parkway 2800 Cobb Galleria Parkway**  
**Atlanta GA 30339 Atlanta GA 30339**  
**Fax: 770-989-5080 Fax: 770-916-2819**

Last Name	First Name	Initial	Social Security #	Home Phone #	Cell/Office Phone
Street Address	City	State	Zip	Position Desired:	Date Available:

- Salary requirements: \_\_\_\_\_ Full Time \_\_\_ Part Time \_\_\_ On-Call \_\_\_
- Referred by: \_\_\_\_\_
- List the name of anyone related to you who is a CGC employee: \_\_\_\_\_  
\_\_\_\_\_
- Do you know of any reason why you cannot perform the essential functions of the job applied for, with or without reasonable accommodation? \_\_\_ YES \_\_\_ NO If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
- Some positions may require weekend, night and/or overtime work. Please list any days/hours you are **not** available to work. \_\_\_\_\_

### EDUCATION/TRAINING

School Name	City, State	Dates attended		Grade/ level completed	Area of Study or Major	Degree or certificate
		From:	To:			

Certifications or Licenses	Expiration Date	License/Certificate Number	Issued by:

- Have you ever been discharged or asked to resign from a position? \_\_\_ No \_\_\_ Yes. If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_
- Why are you now seeking a change in employment? \_\_\_\_\_  
\_\_\_\_\_
- Have you ever been convicted of a crime, excluding minor traffic offenses? \_\_\_ No \_\_\_ Yes  
If yes, please state offense, date, court and disposition of the case and any rehabilitation: \_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY:**

1) Current or last Employer:			Phone number: _____ May we contact? __ yes __ no	
Supervisor Name:			Address:	
Date of hire:	End date:	Pay rate:	Job Title:	Reason for Leaving:
Description of job duties:				
2) Previous employer:			Phone number: _____ May we contact? __ yes __ no	
Supervisor Name:			Address:	
Date of hire:	End date:	Pay rate:	Job Title:	Reason for Leaving:
Description of job duties:				
3) Previous Employer:			Phone number: _____ May we contact? __ yes __ no	
Supervisor Name:			Address:	
Date of hire:	End date:	Pay rate:	Job Title:	Reason for Leaving:
Description of job duties:				
4) Previous Employer:			Phone number: _____ May we contact? __ yes __ no	
Supervisor Name:			Address:	
Date of hire:	End date:	Pay rate:	Job Title:	Reason for Leaving:
Description of job duties:				

Is there anything else that you would like us to know about your skills or experience? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Pre-Employment Statement of Applicant: Please read before signing**

I certify that the statements I have made in this application are true and hereby grant Cobb Galleria Centre permission to verify the accuracy and completeness of this information. I understand and agree that if I am accepted for employment, I will be employed on an at-will basis, and that my employment may be terminated by me or by this company at any time.

I understand and agree that as a condition of my employment, I am waiving my right to a jury trial in any action or proceeding related to my employment with Cobb Galleria Centre. I also understand and agree that as a condition of my employment, I am waiving my right to be a member in a class action in any action or proceeding related to my employment with Cobb Galleria Centre. I understand that I am waiving my right to a jury trial and to participate in a class action voluntarily and knowingly, and free from duress and coercion.

I fully understand that Cobb Galleria Centre employs only U.S. citizens and property authorized aliens, and that should I become employed, federal law requires me to furnish Cobb Galleria Centre proof of my identity and employment authorization, and to sign a statement under penalty of perjury verifying my eligibility for employment as a citizen or national of the United States or an otherwise employable alien.

I hereby authorize Cobb Galleria Centre to conduct a national background investigation on me to obtain any criminal history record information pertaining to me, which may be in the files of any state or local criminal justice agency. I understand that Cobb Galleria Centre shall not be violating my right of privacy in any manner by conducting the national background investigation.

I understand that this application will be considered for sixty (60) days. A new application must be completed for consideration after sixty (60) days.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Disclosure to Employment Applicant Regarding Procurement of A Consumer Report

In connection with your application for employment, we may procure a consumer report on you as part of the process of considering your candidacy as an employee. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the law.

Please be advised that we may also obtain an investigative report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights summarized on the reverse side of this document.

By your signature below, you hereby authorize us to obtain a consumer report about you in order to consider you for employment.

This report will be processed by:  
ADP Screening and Selection Services  
301 Remington Street  
Fort Collins, Colorado 80524  
800/367-5933

Applicant's Name: \_\_\_\_\_  
(Please Print)

Applicant's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Give copy with Summary of Rights to applicant. Retain a copy for your files.

**Para informacion en espanol, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 , Pennsylvania Ave. N.W., Washington, DC 20580.**

## A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA.

**For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.**

• **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address and phone number of the agency that provided the information.

• **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- A person has taken adverse action against you because of information in your credit report;
- You are the victim of identify theft and place a fraud alert in your file;
- Your file contains inaccurate information as a result of fraud;
- You are on public assistance;
- You are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.

• **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

• **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.

• **Consumer reporting agencies must correct or delete inaccurate, incomplete or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

• **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

• **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer, landlord, Rev. 10.1.2008

or other business. The FCRA specifies those with a valid need for access.

• **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).

• **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

• **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

• **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:**

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	<b>Federal Trade Commission: Consumer Response Center - FCRA</b> Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	<b>Office of the Comptroller of the Currency</b> Compliance Management Mail Stop 6-6 Washington, DC 20219 1-800-613-6743
Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks)	<b>Federal Reserve Board Division of Consumer &amp; Community Affairs</b> Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	<b>Office of Thrift Supervision</b> Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	<b>National Credit Union Administration</b> 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	<b>Federal Deposit Insurance Corporation</b> Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	<b>Department of Transportation</b> Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act of 1921	<b>Department of Agriculture</b> Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051



**Georgia Bureau of Investigation  
Georgia Crime Information Center  
CONSENT FORM**



I hereby authorize Cobb Galleria Centre and/or Cobb Energy Performing Arts Centre to receive any criminal history record information pertaining to me, which may be in the files of any state or any local criminal justice agency in the State of Georgia.

\_\_\_\_\_  
(Print) First / Nombre      Middle /2ndo Nombre      Last/Apellido

\_\_\_\_\_  
Street Address /Domicilio

\_\_\_\_\_  
City, State & Zip Code / Ciudad, Estado, Codigo Postal

\_\_\_\_\_  
Date of Birth / Fecha de nacimiento      Social Security Number / Seguro Social

\_\_\_\_\_  
Sex / Sexo M/F      Race / Raza

\_\_\_\_\_  
Drivers License # /Numero de licencia      State / Estado      Expiration date / Fecha de expiración

\_\_\_\_\_  
Signature / Firma      Date of Request / Fecha

- Special employment provisions (check if applicable):
- Employment with mentally disabled (Purpose code 'M')
  - Employment with elder care (Purpose code 'N')
  - Employment with children (Purpose code 'W')
  - Employment with criminal justice agency-non-sworn (Purpose code 'J')
  - Employment with criminal justice agency-sworn 'Purpose code 'Z'

**One of the following must be checked:**

This authorization is valid for 90/180/\_\_\_\_\_ (circle one) days from date of signature.

I, \_\_\_\_\_ give consent to the above named  
(Print) First / Nombre      Middle /2ndo Nombre      Last/Apellido  
to perform periodic criminal history background checks for the duration of my employment with this company.

Two Galleria Parkway      Atlanta GA 30339  
770-955-8000      Fax: 770-989-5080  
e-mail: [HR@cobbgalleria.com](mailto:HR@cobbgalleria.com)      [www.cobbgalleria.com](http://www.cobbgalleria.com)