



5-Star Employer Program Agreement Form

THIS AGREEMENT made this _____ day of _____, 20____ by and between _____ and Valdosta-Lowndes
(Company / Business Name)
County Chamber of Commerce.

That in consideration of the mutual agreements to be kept and performed on the part of said parties hereto, respectively as herein stated according to the compliance standards of the **5-Star Employer Program:**

Please initial each to confirm agreement and acknowledgement as a “trusted partner” of the **5-Star Employer Program:**

- ____ 1. NO DIPLOMA, NO JOB. High School Diploma or GED is the minimal accepted level of education.
- ____ 2. MAKE EDUCATION WORK. Request official copy of transcripts for applicants 22 years of age and younger.
- ____ 3. SPECIALIST CERTIFICATE. Preference for interview given to applicants with Specialist Certificate in applicable field.
- ____ 4. GEORGIA WORK READY CERTIFICATE. Job vacancy announcements state ‘prefer’ or ‘require’ Georgia Work Ready Certificate.
- ____ 5. DRUGS DON'T WORK IN SOUTH GEORGIA. ‘Drug-Free Workplace’ is stated on all job postings and is a pre-requisite for hire upon offer of employment.
- ____ 6. 5-Star Employer annual program fee of \$75. *

Upon signing this agreement, you are stating your compliance to **5-Star Employer Program** and understand the requirement of the annual renewal fees* for administration of the 5-Star Employer program due on anniversary date as signed above.

This is the entire 5-Star Employer Agreement.

Signed in the day and year first written above:

(Signature of Company Representative)

(Printed Name of Company Representative & Title)

(Signature of Chamber Representative)

(Printed Name of Chamber Representative & Title)

* Annual renewal fees are subject to change with prior notice. Such change in fees will occur in the succeeding year. The program fee includes the processing fee, program materials and administrative fees. The 5-Star Employer program expiration date is one year from the approval date.