



## APPLICATION FOR EMPLOYMENT

### An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, genetic information or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors.

**DIRECTIONS:**

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

**GENERAL:**

Job Applied For:		Today's Date:	
Employment you are seeking: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/>			
When could you start work?		List Salary Expectations:	
What days and hours are you available to work? M T W TH F Sa Su (circle days) _____ Hours			
How did you hear about GCC or who were you referred by? <input type="checkbox"/> Employee _____ <input type="checkbox"/> Agency _____ <input type="checkbox"/> Advertisement _____ <input type="checkbox"/> Other _____			
Last Name:	First Name:	Middle Name:	
Present Mailing Address:			
Phone Number:		Email Address:	
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No			
*If hired, you will be required to furnish proof of your eligibility to work in the U.S.			

Education	Address	Number of Years Completed	Diploma/Degree
High School or GED:			<input type="checkbox"/> Yes <input type="checkbox"/> No
College or University:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Vocational/Technical School:			<input type="checkbox"/> Yes <input type="checkbox"/> No

**SPECIAL SKILLS:**

What skills or additional training do you have that are related to the job for which you are applying?

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What machines or equipment can you operate that are related to the job for which you are applying?

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List professional, trade, business, or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability, genetic information or other protected status.)

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**WORK HISTORY:**

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. **Note: A job offer may be contingent upon acceptable references from current and former employers.**

Employer:	Address:
Position Held:	Duties:
Employed from (mo/yr) _____ To (mo/yr) _____	Pay: Start _____ Final _____

Supervisor:	Ph Number:	Reason for leaving:
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Employed from (mo/yr) _____ To (mo/yr) _____	Pay: Start _____ Final _____
Supervisor:	Ph Number:
Reason for leaving:	

**REFERENCES**

Give three professional references, not including relatives:

Name	Relationship	Phone
1.		
2.		
3.		

Have you worked or attended school under any other names?  Yes  No

If yes, please list other list other name(s): \_\_\_\_\_

Are you presently employed?  Yes  No

If yes may we contact your present employer? Please provide name and number of contact: \_\_\_\_\_

Have you ever been fired from a job or asked to resign?  Yes  No

**AFFIDAVIT, CONSENT AND RELEASE**

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

**I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.**

I have read, understand, and by my signature consent to these statements.

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