

Application for Employment

An Equal Opportunity Employer

Personal information

PLEASE PRINT LEGIBLY

Date: _____

Name _____
Last First Middle

Area Code & Home Telephone Number _____

Address _____

Area Code & Home Telephone Number _____

City _____ State _____ Zip Code _____

Email Address _____

General Information

Are you 18 years or older? Yes No

Can you, after employment, submit verification of your legal right to work in the United States? Yes No

Have you ever been convicted of a crime? (Answer No if only minor traffic violations) Yes No

If yes, please explain: _____

Are you related to anyone in the Company? Yes No

If yes, please provide the name(s) and relationship(s) _____

Have you ever applied for a position with the Company? Yes No

If yes, what position and when did you apply: _____

Have you ever worked for the Company before? Yes No

If yes, please provide dates of employment, position(s) held and reason(s) for leaving: _____

How did you learn of the opening? Agency Internet Employee (Employee's Name) _____
 Other (Explain) _____

Have you ever been involuntarily terminated from employment? Yes No

If yes, please explain: _____

Are you willing to travel? Yes No

Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation?
 Yes No

Are you able to meet the attendance requirements of the job? Yes No

Employment Desired

Position for which you are applying? _____ Salary Required? \$ _____

Are you currently employed? Yes No Availability Date: _____

Education

Type Of School	Name and Address of School	Graduate	Degree and Major	Years Completed
High School		Yes _____ No _____		1 _____ 2 _____
				3 _____ 4 _____
College		Yes _____ No _____		1 _____ 2 _____
		Year _____		3 _____ 4 _____
Graduate School		Yes _____ No _____		1 _____ 2 _____
		Year _____		3 _____ 4 _____
Trade/Business Correspondence School		Yes _____ No _____		1 _____ 2 _____
		Year _____		3 _____ 4 _____

Former Employers

List below your employers, beginning with the most current employer first. (Please use additional paper if necessary.)

Date Month/Year	Company Name and Address	Phone Number	Hourly Rate	Position	Reason For Leaving
From/To					
From/To					
From/To					
From/To					

Previous Addresses

Please list all previous places of residences for the past 7 years. (Please use additional paper if necessary.)

Complete Address (Street, City, State, Zip)	Dates residing at this address (mos/yrs)

Professional References

Give the name of three persons not related to you, whom you have known at least one year.

Name	Address/Phone/E-Mail	Occupation	Company	Years Acquainted

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorized investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that, if hired my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice and without cause by myself or the company."

NOTICE: This is a Drug Free Company. Screening test for illegal drug and alcohol are required as a condition of employment. Background checks and MVR checks are also required as a condition of employment.

Date: _____ Signature: _____

AGREEMENT, AUTHORIZATION, AND CONSENT FOR RELEASE OF BACKGROUND INFORMATION

PLEASE TYPE OR PRINT

I, _____
LAST NAME FIRST NAME MIDDLE NAME (PLEASE INCLUDE Jr., Sr., II, III Etc.)

understand that in conjunction with my application for employment, work to be performed under contract, promotion, reassignment, and/or retention, **GNH Services and Subsidiaries** will verify the information I have provided on my application for employment including my personal background, character, professional standing, work history and qualifications.

GNH Services and Subsidiaries will utilize various sources of information it deems appropriate including but not limited to: credit reporting agencies, workers compensation records including any and all injuries in compliance with the Americans with Disabilities Act, department of motor vehicle records, criminal conviction records, current and former employers, military records, education records, professional and personal references. I agree, authorize and consent to the release and disclosure of any and all information including but not limited to the above to **GNH Services and Subsidiaries**.

I agree, authorize and consent to the procurement of a Consumer Report and/or an Investigative Consumer Report and understand that it may contain information about my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This authorization in original or copy form shall be valid for my term of employment from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by **GNH Services and Subsidiaries** if employment is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to **GNH Services and Subsidiaries**. I understand that residents of all states will automatically receive a copy of the report if an adverse action is taken regarding the employment application, or upon request as outlined herein.

LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES.

Signed _____ Today's Date _____

Printed Name _____ Position Applied For _____

_____-_____-_____/_____/_____
Social Security Number Date of Birth Driver's License Number State

Other names you have used or are also known as: _____

PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS

Current Address: _____ Mo./Yr./Mo./Yr
Street Apt. # City State Zip Code From / To?

Former Address: _____
Street Apt. # City State Zip Code From / To?

Former Address: _____
Street Apt. # City State Zip Code From / To?

Former Address: _____
Street Apt. # City State Zip Code From / To?