



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

NAME: _____
Last Name, First Name, Middle Name

ADDRESS: _____
Street City State Zip Code

HOME PHONE NUMBER: _____ CELL PHONE NUMBER: _____

EMAIL ADDRESS: _____

SOCIAL SECURITY NUMBER: _____

DRIVER'S LICENSE NUMBER & STATE: _____

HOW LONG HAVE YOU BEEN A RESIDENT AT THE ADDRESS LISTED ON THE APPLICATION? _____

ARE YOU CURRENTLY EMPLOYED? Yes No

WHAT, OR WHO, LED YOU TO APPLY FOR A POSITION HERE? _____

NAME OF RELATIVE(S) EMPLOYED BY THIS COMPANY AND THEIR RELATIONSHIPS: _____

WHAT POSITION ARE YOU APPLYING FOR? _____

DATE AVAILABLE FOR WORK: _____ MINIMUM SALARY EXPECTED: _____

TYPE OF SCHEDULE DESIRED: Full time Part time Summer

WILLING TO WORK ANY SHIFT OR SCHEDULE? Yes No WILL YOU WORK OVERTIME? Yes No

DURING YOUR MOST RECENT EMPLOYMENT, HOW MANY WORK DAYS DID YOU MISS IN THE LAST 3 MONTH PERIOD? _____

HOW MANY TIMES WERE YOU TARDY IN THE LAST 3 MONTH PERIOD? _____

INDICATE ANY FOREIGN LANGUAGES YOU CAN SPEAK, READ AND/OR WRITE FLUENTLY: _____

WHAT HOBBIES, INTERESTS, OR RECREATIONAL ACTIVITIES DO YOU ENJOY? _____

EMERGENCY CONTACT

NAME: _____
Last Name, First Name

PHONE NUMBER: _____ RELATIONSHIP: _____

PERSONAL INFORMATION CONTINUED

Check correct answer.

HAVE YOU EVER SERVED IN THE MILITARY?

Yes No If yes, provide dates, branch, & skills gained: _____

HAVE YOU EVER BEEN DISCHARGED FROM A JOB DUE TO POOR ATTENDANCE?

Yes No If yes, explain: _____

HAVE YOU EVER BEEN DISCHARGED FROM A JOB DUE TO MISCONDUCT?

Yes No If yes, explain: _____

DO YOU HAVE ANY PROBLEM WHICH WOULD PREVENT YOU FROM MAINTAINING A REGULAR WORK SCHEDULE?

Yes No

DO YOU HAVE ANY PHYSICAL CONDITION WHICH MAY LIMIT YOUR ABILITY TO PERFORM THE JOB APPLIED FOR?

Yes No If yes, explain: _____

DO YOU USE OR SMOKE ANY ILLEGAL DRUGS OR SUBSTANCES?

Yes No

ARE YOU WILLING TO TAKE A DRUG TEST?

Yes No

CAN YOU TYPE? WORDS PER MINUTE: _____

Yes No

Do you have computer skills? What are they? _____

ARE YOU A U.S. CITIZEN, OR LEGALLY AUTHORIZED TO WORK IN THE U.S.?

Yes No

DO YOU HAVE A COMMERCIAL DRIVER'S LICENSE? CLASS: _____

Yes No

HAS YOUR DRIVER'S LICENSE EVER BEEN REVOKED OR CANCELED?

Yes No

EDUCATION & TRAINING

SCHOOL	NAME	CITY & STATE	CIRCLE LAST YEAR COMPLETED	GPA	MAJOR	DEGREE
HIGH SCHOOL			1 2 3 4			
BUSINESS/TRADE SCHOOL			1 2 3 4			
COLLEGE			1 2 3 4			
GRADUATE SCHOOL			1 2 3 4			
OTHER (SPECIFY)			1 2 3 4			

OTHER SPECIAL SKILLS & TRAINING: _____

EMPLOYMENT HISTORY

Account for all time for the past 10 years, whether working or not. Start with the most recent.

EMPLOYER'S NAME: _____ PHONE NUMBER: _____

ADDRESS: _____
Street City State Zip Code

MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? Yes No SUPERVISOR'S NAME: _____
Last Name, First Name

JOB TITLE: _____ DATES EMPLOYED: _____ WAGE/SALARY: _____
From To Start \$ End \$

RESPONSIBILITIES: _____

REASON FOR LEAVING: Quit Layoff Discharge Explain: _____

EMPLOYER'S NAME: _____ PHONE NUMBER: _____

ADDRESS: _____
Street City State Zip Code

MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? Yes No SUPERVISOR'S NAME: _____
Last Name, First Name

JOB TITLE: _____ DATES EMPLOYED: _____ WAGE/SALARY: _____
From To Start \$ End \$

RESPONSIBILITIES: _____

REASON FOR LEAVING: Quit Layoff Discharge Explain: _____

EMPLOYER'S NAME: _____ PHONE NUMBER: _____

ADDRESS: _____
Street City State Zip Code

MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? Yes No SUPERVISOR'S NAME: _____
Last Name, First Name

JOB TITLE: _____ DATES EMPLOYED: _____ WAGE/SALARY: _____
From To Start \$ End \$

RESPONSIBILITIES: _____

REASON FOR LEAVING: Quit Layoff Discharge Explain: _____

EMPLOYER'S NAME: _____ PHONE NUMBER: _____

ADDRESS: _____
Street City State Zip Code

MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? Yes No SUPERVISOR'S NAME: _____
Last Name, First Name

JOB TITLE: _____ DATES EMPLOYED: _____ WAGE/SALARY: _____
From To Start \$ End \$

RESPONSIBILITIES: _____

REASON FOR LEAVING: Quit Layoff Discharge Explain: _____

I have carefully read and certify that the statements I have made are true and correct. I understand that the submission of any false information or the omission of any requested information, whether on this document or not, may be cause for failure to hire or for immediate discharge should I be employed by GMES, LLC. I understand that, if hired, my employment would be "at-will" and could be terminated at any time by either party, with or without cause and with or without notice. Applicants are required to furnish proof of identity and legal work authorization prior to hire. I hereby give permission to GMES, LLC, or its representative GoodHire, LLC, to make a thorough background investigation of my past employment, driving record, civil and criminal court records, credit, drug screening results, worker's compensation record, education, credentials, identity, past addresses, social security number, previous employment and personal references. I release liability from all persons, companies or corporations which disclose information. By my signature below, I authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested to verify the information I provided. By my signature below, I certify the information I provided on this form is true and correct and will be valid for any reports that may be requested by or on behalf of the Company.

SIGNATURE OF APPLICANT: _____ TODAY'S DATE: _____