

Application for Employment

The employer will not discriminate against any employee or applicant for employment because of age (as defined by applicable law), religion, sex, race, color, national origin, veteran status, because of handicap, or any other reason as protected by federal and state law. Answers to application questions will be utilized for applicable job-related information only.

Personal

Name - First Middle Last

Present Address City State Zip How Long?

County of Residence Telephone Number Social Security Number

Prior Address City State Zip How Long?

Email Address

Are you related to any employee of G&W Products? YES NO If yes, what is the name of the employee and what is the relationship? _____

Are you eligible to work in the United States? YES / NO (Proof of eligibility will be required before you can be Employed)	Are you at least 18 years old? YES / NO If no, do you have a work permit? YES / NO
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What date are you available for employment? _____

Have you ever applied here before? YES / NO If yes, what location: _____ When: _____

Are you presently on layoff or leave of absence from any other company? YES / NO

Do you have any agreements with another employer that might affect your employment here? YES / NO

If yes, please explain: _____

Availability to Work Sheet

Name: _____

Please indicate the time you are available to work in the following table:

Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

Are you currently attending school?

If yes, when do you expect your schedule to change again?

Employment Data

Give past employment record as completely as possible starting with the latest employer.

Employer Name, Address, and Phone Number	Dates (MO/YR)	(Circle One) Full-time Part-time Seasonal	Salary/Monthly Earnings \$ Name Of Supervisor	Nature of Work: Reason for Leaving:
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Education

Elementary School City, State	Circle grade completed: 1 2 3 4 5 6 7 8			
High School City, State	Circle grad completed: 9 10 11 12 Did you graduate? YES / NO			
College(s) City, State	Graduated?	Degree:	Avg. Grade	Major(s):
	Yes No			
	Yes No			
Other job-related schooling, licenses, certifications, etc:	Institution Name:			Expiration Date:

References

List at least two (2) responsible adults who have knowledge of your work ethic, experience, and ability (Do not include relatives, former or present employers, or fellow employees)

	Reference 1	Reference 2	Reference 3
Name:			
Address:			
Phone Number:			
Occupation:			
Relationship to you:			

Work Preferences:

What type of employment do you want? (Circle) Full-time Part-time Seasonal	What is your minimum salary requirement? \$ _____
For what type of position are you applying for? _____	What shifts do you prefer? First Second Third

What past work experience do you feel is most applicable to this position?

As an applicant for employment, I understand the following:

- This application will remain on active file for sixty (60 days). If I am hired within this period, this form will be transferred to my individual personnel file
 - If I am not hired within sixty (60 days) this application is no longer active and I will need to reapply for employment if I wish to be considered for a position after that time
 - Any misrepresentation or falsification of information or significant omissions will be cause for rejection of my application or for subsequent discipline up to an including my dismissal from employment if discovered at a later date.
 - After an offer of employment has been extended, I may be required to submit to a physical examination. This may include a drug screen, in order to determine my physical ability to perform my job duties with or without accommodation
 - My employment may be contingent upon the result of this examination and drug screen. If the results of the physical examination indicate that I cannot perform the job for which an offer has been extended and/or if the drug screen results are positive, this will be grounds for disqualifying me or terminating my offer of employment
 - If my application for employment is accepted, the effective date of employment shall be the time I actually begin to work. If I am employed, I agree to comply with and be bound to the safety and health rules and regulations, and the standards of the conduct of my employer
 - My employment is not guaranteed for any term, and my employment may be terminated by my employer or myself at any time and for any reason. No management official is authorized to make any oral assurance or promise of continued employment.
 - All information (including information on any accompanying resume) is subject to verification.
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- I authorize you to contact and I authorize any present or former employer, education institution, law enforcement agency, financial institution, or other persons who have personal knowledge about me, to furnish any and all information in their possession regarding me, in connection with any decision concerning my employment. Further, I hereby release from liability and hold harmless all persons and corporations supplying this information. A photocopy of this authorization is as valid as the original.

Signature _____

Date _____