



Application for Employment

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, or other protected classification.

Name _____ Date _____
Last First Middle

Address _____
Street City State Zip

Telephone number _____ Are you over 16 years old? Yes No

Email Address _____

Are you a U.S. Citizen or otherwise authorized to work in the U.S. on an unrestricted basis? Yes No

Driver's License Number _____ State _____

Are there any hours, shifts, or days you cannot or will not work? _____

Shift preferred _____ Part-time _____ Full-time _____

Are you willing to work overtime as required? Yes No

Answer this question only after reviewing a description of the job applied for: Do you have a physical or medical condition which would limit your capacity for the job? Yes No

If yes, what can be done to accommodate your limitation? _____

Have you ever been convicted of a felony? Yes No
(Conviction will not necessarily disqualify an applicant for employment.) If yes, describe conditions: _____

Education	Name/Location of school	Year graduated	Major	Diploma /Degree
High School				
College/Univ.				
College/Univ.				
Other Training/Education				

In addition to your work history (next page), what other experiences, skills, or qualifications would especially fit you for the position applied for? _____

Positions applied for: 1. _____ 2. _____

Wage or salary desired? \$ _____ When can you start? _____

Work History

May we contact your present employer? Yes No

Most recent employer

Address

Name and title of supervisor

Telephone

Description of duties

Reason for leaving

Date started

Starting position

Starting salary

\$ _____ per _____

Date left

Position on leaving

Salary on leaving

\$ _____ per _____

Previous employer

Address

Name and title of supervisor

Telephone

Description of duties

Reason for leaving

Date started

Starting position

Starting salary

\$ _____ per _____

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Salary on leaving

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Reason for leaving

Date started

Starting position

Starting salary

\$ _____ per _____

Date left

Position on leaving

Salary on leaving

\$ _____ per _____

List three character references (not former supervisors or relatives) giving address, telephone number, and email.

1. _____

2. _____

3. _____

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements may result in dismissal. I authorize GCA to make an investigation of any of the facts set forth in this application.

I understand that employment at this company is "at will", which means that either I or GCA can terminate the employment relationship at any time, with or without prior notice and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor or manager of GCA, other than the Board of Directors, has any authority to alter the foregoing.

Applicant's signature _____

Date _____