## APPLICATION FOR EMPLOYMENT GBSA, INC.

It is our policy with all applicable and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, natural origin, or other protected classifications.

Name			Date
Last	First	Middle	
AddressStreet		City	Zip
Are you over 18 yrs old?	□ Yes □ No How d	id you hear of this o	ppening?
Are there any hours, shift	s or days you cannot	or will not work? _	
Preferred		Part-Time	Full-Time
Are you willing to work ov	vertime as required?	□ Yes □ No	
have a physical or medical cor	ndition which would	d limit your capac	the job applied for: Do you ity for the job? - Yes - No
an application for employ	ment.) If yes, descri	be conditions:	ion will not necessarily disqualify
EDUCATION	Name and Location of S		<u>Degree</u>
High School			
College/Univ			
Other Training/Educat	ion		
would especially fit you fo	or work with our com	pany?	ences, skills or qualifications
Position/s applied for:	1	2	
Salary/Wage desired?	\$	When ca	n you start?

## **WORK HISTORY**

Most Recent Employer			
Address		Phone	
Name of Supervisor	£	May we contact?	
Date Started	Starting Position	Salary/Wage	
Date Left	Position on Leaving	Salary/Wage	
Description of Duties			
Reason for Leaving			
Previous Employer			
Address		Phone	
Name of Supervisor		May we contact?	
Date Started	Starting Position	Salary/Wage	
Date Left	Position on Leaving	Salary/Wage	
Description of Duties			
Reason for Leaving			
Previous Employer			
Address		Phone	
Name of Supervisor		May we contact?	
Date Started Starting Position		Salary/Wage	
Date Left	Position on Leaving	Salary/Wage	
Description of Duties _			
Reason for Leaving			

## Applicants Certification and Agreement

- I certify the facts set forth in this Application for Employment are true and the best of my knowledge.
- I understand that I am employed; false statements may result in dismissal.
- I authorize the Company to make an investigation of any of the facts set forth in this.
- I understand that employment at this Company is "at will" which means that either I or the Company can terminate the employment is continued on that basis. I understand that no supervisor, manager or executive of the Company, other than the president has any authority to alter the foregoing.

Applicant's Signature _		
Applicant 3 Signature _		