



APPLICATION for EMPLOYMENT

It is our policy to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental handicap, or veteran status.

DATE: _____

STORE: _____

NAME: Last _____ First _____ Middle _____

PRESENT ADDRESS: _____

PERMANENT ADDRESS (if different): _____

HOME PHONE # _____ CELL PHONE # _____ E-MAIL: _____

RELATIVE IN OUR EMPLOY: _____ REFERRED BY: _____

EVER EMPLOYED by or APPLIED to G&S (where/when)?: _____

ARE YOU A U.S. CITIZEN OR AUTHORIZED TO WORK IN THE U.S. ON AN UNRESTRICTED BASIS?: _____

ARE YOU AT LEAST 21 YEARS OF AGE?: YES _____ NO _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY (if yes, explain)? _____

ARE YOU CURRENTLY EMPLOYED? _____ IF SO, MAY WE CONTACT YOUR EMPLOYER? _____

POSITION DESIRED: _____ START DATE: _____ DESIRED SALARY: _____

DO YOU PREFER FULL OR PART TIME? _____ HOW MANY HOURS and/or DAYS: _____

AVAILABILITY BY DAY						
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

SCHOOL	NAME & LOCATION	GRADUATED	MAJOR SUBJECTS
HIGH SCHOOL			
COLLEGE			
OTHER (specify)			
SPECIAL STUDY or TRAINING			

ACTIVITIES (civic, athletic, etc): _____

MONTH & YEAR from to		NAME & ADDRESS of EMPLOYER	SALARY	POSITION	REASON for LEAVING

REFERENCE NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED

IN CASE OF EMERGENCY, NOTIFY: _____

ADDRESS: _____ PHONE: _____

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 on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history. I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment will continue on that basis. I understand that no supervisor, manager, or executive of this company, other than the president has the authority to alter the foregoing.

SIGNATURE: _____ DATE: _____