



APPLICATION FOR EMPLOYMENT

APPLICATION REMAINS ACTIVE FOR 90 DAYS



Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please complete each box, don't just indicate "See Resume."

DATE			
LAST NAME		FIRST NAME	MIDDLE INITIAL
CURRENT ADDRESS		DATES IN RESIDENCE AT THIS ADDRESS	
CITY	STATE	ZIP	HOME TELEPHONE
CELLULAR PHONE			

POSITION APPLYING FOR:	DESIRED WAGE:	SHIFTS WILLING TO WORK:
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VALID DRIVERS LICENSE <input type="checkbox"/> YES <input type="checkbox"/> NO STATE ISSUED: LICENSE NUMBER:	ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU BEEN CONVICTED OF OR PLED NO CONTEST TO A CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN:
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DO YOU HAVE ANY RELATIVES CURRENTLY EMPLOYED BY THIS COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, LIST NAMES: _____
DO YOU KNOW ANYONE CURRENTLY EMPLOYED BY THIS COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, LIST NAMES: _____

EDUCATIONAL BACKGROUND (Complete All Sections Applicable)

NAME(S) USED WHILE ATTENDING THESE SCHOOLS:			
HIGH SCHOOL	NAME OF SCHOOL		COURSE OF STUDY:
	ADDRESS, CITY, STATE		RECEIVED DIPLOMA? <input type="checkbox"/> YES <input type="checkbox"/> NO
COLLEGE	NAME		MAJOR/SPECIALIZATION:
UNIVERSITY	ADDRESS, CITY, STATE		TYPE OF DEGREE RECEIVED:
OTHER STUDIES, INCLUDE MILITARY	NAME		COURSE OF STUDY:
	ADDRESS, CITY, STATE		TYPE OF CERTIFICATION/LICENSING:

PERSONAL REFERENCES (Other than Employers or Relatives) YOU HAVE KNOWN FOR AT LEAST TWO YEARS.

NAME	ADDRESS	TELEPHONE	E-MAIL

EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT HISTORY (Begin with Last or Present Employer First) CITY, STATE AND TELEPHONE NUMBERS ARE REQUIRED.

EMPLOYER	YOUR JOB TITLE	SUPERVISOR'S NAME/TITLE	
ADDRESS	CITY	STATE/ZIP	TELEPHONE NUMBER
DATES:	CITY/STATE WHERE YOU RESIDED WHILE EMPLOYED HERE:		
FROM:	TO:	SALARY/WAGES AT START:	FINISH:
REASON FOR LEAVING:	<input type="checkbox"/> RESIGNED WITH NOTICE	<input type="checkbox"/> QUIT (NO NOTICE)	<input type="checkbox"/> TERMINATED
	MAY WE CONTACT THIS EMPLOYER?		<input type="checkbox"/> YES <input type="checkbox"/> NO
IF TERMINATED, PLEASE STATE REASON:			
MAJOR DUTIES PERFORMED:			
EMPLOYER	YOUR JOB TITLE	SUPERVISOR'S NAME/TITLE	
ADDRESS	CITY	STATE/ZIP	TELEPHONE NUMBER
DATES:	CITY/STATE WHERE YOU RESIDED WHILE EMPLOYED HERE:		
FROM:	TO:	SALARY/WAGES AT START:	FINISH:
REASON FOR LEAVING:	<input type="checkbox"/> RESIGNED WITH NOTICE	<input type="checkbox"/> QUIT (NO NOTICE)	<input type="checkbox"/> TERMINATED
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EMPLOYER	YOUR JOB TITLE	SUPERVISOR'S NAME/TITLE	
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	MAY WE CONTACT THIS EMPLOYER?		<input type="checkbox"/> YES <input type="checkbox"/> NO
IF TERMINATED, PLEASE STATE REASON:			
MAJOR DUTIES PERFORMED:			

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I certify that all of the information supplied by me on my application for employment is true and complete. I understand that false or incomplete statements herein, or in any interview, resume or other document supplied, are grounds for rejection of my application or dismissal any time after hiring if discovered at a later date.

I understand that this application, and if hired, any handbook, policy or other document/statement, does not constitute a contract of employment and that I may voluntarily leave employment at any time and may be terminated from employment at any time for any reason.

I authorize GB Manufacturing Co. to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment.

Applicant's Signature

Today's Date