



GREATHORSE

Application for Employment

Applicants for employment are considered without regard to race, color, religion, religious creed, sex, pregnancy, sexual orientation, marital status, results of genetic testing, ancestry, national origin, citizenship, age, past or present disability, history of mental disorder, mental retardation, status as a veteran, Vietnam Era Veteran, or being a member of the Reserves or National Guard.

(PLEASE PRINT)

Date of Application _____

Position(s) Applied For _____

Referral Source: ☐ Advertisement ☐ Friend ☐ Relative ☐ Walk-In ☐ Employment Agency
☐ On-Line ☐ Company Web Site ☐ Other _____

Name _____
LAST FIRST MIDDLE

Address _____
NUMBER STREET CITY STATE ZIP

Telephone () _____ Social Security No. _____

Are you under 18? ☐ Yes ☐ No

If employed and you are under 18, can you furnish a work permit? ☐ Yes ☐ No

Have you previously filed an application here? ☐ Yes ☐ No

If yes, give date _____

Have you ever been employed here? ☐ Yes ☐ No

If yes, give date _____

Are you employed now? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

If No, why? _____

(Proof of authorization to work and of your identity will be required upon employment)

On what date would you be available for work? _____

Are you available to work ☐ Full Time ☐ Part Time ☐ Shift Work ☐ Temporary ☐ Over Time

Are you on a lay-off and subject to recall? ☐ Yes ☐ No

Can you travel if a job requires it? ☐ Yes ☐ No Drivers License: ☐ Yes ☐ No

Lic.# _____ State of Issue: _____ Class: _____ Expiration Date: _____

Employment Experience

Start with your present or last job. Include military service assignments and any verified work performed on a volunteer basis. You may exclude organization names which indicate race, creed, color, religion, sex, sexual orientation, marital status, results of genetic testing, national origin, age, disability, status as a veteran, Vietnam Era Veteran, or being a member of the Reserves or National Guard.

Employer	Phone		Work Performed
Address	FAX		
City, State, Zip	Hourly Rate/Salary:		
Job Title	Starting	Final	
Supervisor	Dates Employed:		
Reason for Leaving	Starting	Final	
Employer	Phone		Work Performed
Address	FAX		
City, State, Zip	Hourly Rate/Salary:		
Job Title	Starting	Final	
Supervisor	Dates Employed:		
Reason for Leaving	Starting	Final	
Employer	Phone		Work Performed
Address	FAX		
City, State, Zip	Hourly Rate/Salary:		
Job Title	Starting	Final	
Supervisor	Dates Employed:		
Reason for Leaving	Starting	Final	
Employer	Phone		Work Performed
Address	FAX		
City, State, Zip	Hourly Rate/Salary:		
Job Title	Starting	Final	
Supervisor	Dates Employed:		
Reason for Leaving	Starting	Final	

How many days were you absent from your last job?	
How many Mondays or Fridays were you absent in the last 12 months (other than vacation/holidays)?	

COMPLETE THIS SECTION ONLY IF CHECKED ☐

Indicate what languages (including English) you speak, read, and/or write.

	FLUENTLY	GOOD	FAIR
Speak			
Read			
Write			

REFERENCES

Give name, address, telephone number of three references are not related to you. (previous employers preferred)

NAME	ADDRESS	PHONE NUMBER

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience

If you need additional space, please continue on a separate sheet of paper.

Education

	Elementary	High School	College/University	Graduate/Professional
Name of School				
Years Completed (please Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Specialized Training, Apprenticeship, Skills, and Extra- Curricular Activities:				

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this company/organization. **I understand and agree that if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either me or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this company/organization.**

AGREEMENT: I hereby authorize the investigation of my background by the company/organization at any time after receipt of this authorization and throughout my employment, if applicable. I acknowledge that under the Fair Credit Reporting Act, as amended by the Fair And Accurate Credit Transactions Act of 2003, I have been informed that this background check will consist of investigative consumer reports which may include information about my character, criminal record, work habits, credit background, academic-credential verification, job experience and reasons for termination. Also, it may include information about my driving record or abstract, personal characteristics, general reputation, and mode of living. I am aware that in the event an investigative consumer report is prepared, I am entitled to request additional disclosures regarding the nature and scope of the investigation being requested as well as a written summary of my rights under the Fair Credit Reporting Act. I authorize and release from all liability, without reservation, the consumer reporting agency (CRA) and any law enforcement agency, administrator, state/federal agency, institution, information service bureau, employer, employee, insurance company or person gathering or providing information, to complete this investigation. Prior to an adverse employment decision being made, due totally or partially to information obtained from a consumer report, this company will provide me with a copy of the report, a summary of my rights under the Fair Credit Reporting Act as amended by the Fair And Accurate Credit Transactions Act of 2003, and the source of the report so that I may contact them, if I wish to do so. My signature below certifies that this application and authorization were completed by me and are complete and true.

I understand that false or misleading answers or statements, or significant omissions made by me on this application shall be sufficient cause for denial of employment or termination of employment.

Signature of Applicant

Date