



# Employment Application

**Please complete the form fully. All information will be treated in strict confidence.**

Name \_\_\_\_\_ Date \_\_\_\_\_  
 (PLEASE PRINT) LAST FIRST MIDDLE

Address \_\_\_\_\_  
 NO. & STREET CITY STATE ZIP PHONE NUMBER

Are you a U.S. citizen or an alien authorized to work in the U.S.? Yes ☐ No ☐ SOCIAL SECURITY NUMBER \_\_\_\_\_

Your Age (if under 18) \_\_\_\_\_ Date available for work \_\_\_\_\_

Position applied for \_\_\_\_\_ Salary expected \$ \_\_\_\_\_

Who referred you to us? \_\_\_\_\_

Type of employment desired: Full-time ☐ Part-time ☐ Temporary ☐

Have you ever worked under another name? Yes ☐ No ☐ If yes, what name? \_\_\_\_\_

If hired, will you be able to work overtime if required? Yes ☐ No ☐

If no, please explain: \_\_\_\_\_

If hired, are you willing and physically able to travel to out-of-town locations, including overnight trips? Yes ☐ No ☐

If no, please explain: \_\_\_\_\_

Have you ever been convicted of a felony which resulted in imprisonment? (A conviction will not necessarily disqualify you for the job.)

Yes ☐ No ☐ If yes, please explain: \_\_\_\_\_

EDUCATION					
NAME OF SCHOOL	LOCATION	YEARS CREDIT	GRAD- UATE?	DEGREE	COURSE OR MAJOR
HIGH SCHOOL					
BUSINESS OR TRADE SCHOOL					
COLLEGE OR UNIVERSITY					
GRADUATE SCHOOL					
Other Education or Special Training					

REFERENCES				
List references who are familiar with your ability and background (do not use immediate supervisors or relatives) whom we may contact.				
FIRST & LAST NAME	TITLE	COMPANY	BUSINESS PHONE	YEARS KNOWN

## WORK EXPERIENCE

Begin with most recent. Continue on a separate sheet if necessary.

I.	FROM MO.    YR.	NAME OF COMPANY		TYPE OF BUSINESS
	TO MO.    YR.	ADDRESS		PHONE NO.
	TOTAL YRS.    MO.	YOUR JOB TITLE	YOUR SUPERVISOR'S TITLE	YOUR SUPERVISOR'S NAME
	STARTING SALARY PER	DUTIES – RESPONSIBILITIES – NO. OF EMPLOYEES SUPERVISED (BE SPECIFIC)		
	FINAL SALARY PER			
		REASON FOR LEAVING: QUIT _____ LAYOFF _____ DISCHARGE _____ WHY? _____		

II.	FROM MO.    YR.	NAME OF COMPANY		TYPE OF BUSINESS
	TO MO.    YR.	ADDRESS	PHONE NO.	NO. OF EMPLOYEES
	TOTAL YRS.    MO.	YOUR JOB TITLE	YOUR SUPERVISOR'S TITLE	YOUR SUPERVISOR'S NAME
	STARTING SALARY PER	DUTIES – RESPONSIBILITIES – NO. OF EMPLOYEES SUPERVISED (BE SPECIFIC)		
	FINAL SALARY PER			
		REASON FOR LEAVING: QUIT _____ LAYOFF _____ DISCHARGE _____ WHY? _____		

III.	FROM MO.    YR.	NAME OF COMPANY		TYPE OF BUSINESS
	TO MO.    YR.	ADDRESS	PHONE NO.	NO. OF EMPLOYEES
	TOTAL YRS.    MO.	YOUR JOB TITLE	YOUR SUPERVISOR'S TITLE	YOUR SUPERVISOR'S NAME
	STARTING SALARY PER	DUTIES – RESPONSIBILITIES – NO. OF EMPLOYEES SUPERVISED (BE SPECIFIC)		
	FINAL SALARY PER			
		REASON FOR LEAVING: QUIT _____ LAYOFF _____ DISCHARGE _____ WHY? _____		

*I certify that my answers are true and complete to the best of my knowledge. I authorize Glosson Enterprises, LLC to make such investigations and inquiries of my personal, employment, educational, financial, or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, schools or persons from all liability when responding to inquiries in connection with my application.*

*In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.*

*I further understand that my employment is not for a stated period and that I have the right to terminate my employment at any time and that Glosson Enterprises, LLC retains a similar right.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_