

Application for Employment

DRUG TESTING REQUIRED BEFORE HIRE

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend _____ <input type="checkbox"/> Relative _____ <input type="checkbox"/> Employment Agency <input type="checkbox"/> Walk-In <input type="checkbox"/> Other _____	

Last Name	First Name	Middle Name			
Home Address	Number	Street	City	State	Zip Code
Home Telephone Number(s)/Other Telephone Number(s)			Social Security Number		

If you are under 18 years of age, can you provide required proof of your eligibility to Work?

Yes No

Have you ever filed an application with us before?

Yes No

If Yes, give date _____

Have you ever been employed with us before?

Yes No

If Yes, give date _____

Are you currently employed?

Yes No

May we contact your present employer?

Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Yes No

(Proof of citizenship or immigration status 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

Are you currently on "lay-off" status or are you subject to recall?

Yes No

Can you relocate if a job requires it?

Yes No

Have you been convicted of a felony within the last 7 years?

Yes No

(Conviction will not necessarily disqualify an applicant from employment.)

If Yes, please explain _____

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

	Indicate any foreign languages you can speak, read and/or write.		
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List any Journey Licenses held and the Issuing State or Locality.

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

Employment Experience

Start with your present job or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. A complete employment history for the last four places of employment must be filled in or this application may not be considered. Please indicate periods of unemployment or school.

1.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
Reason for Leaving					
2.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
Reason for Leaving					
3.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
Reason for Leaving					
4.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
Reason for Leaving					

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

<p>List professional, trade, business or civic activities and offices held. <i>You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:</i></p>

Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills

Check Skills/Equipment Operated

Construction/Mobile Machinery (*list*):

Other (*list*):

PC

Wordperfect

Calculator

Microsoft Word

Microsoft Excel

Other _____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached. YES NO

References

1. _____ () _____
Name Phone #

Address

2. _____ () _____
Name Phone #

Address

3. _____ () _____
Name Phone #

Address

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I understand that false or misleading information given in my application or interview(s) may result in a failure to hire, or in the case of employment, discharge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of 45 days.

I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with Gardner Zemke is of an "at will" nature, which means that the Employee may resign at any time and that Gardner Zemke may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of Gardner Zemke.

I understand that absent consent of the employer, an employee shall not be on the payroll of any other entity other than Gardner Zemke Company.

EMPLOYMENT IS SUBJECT TO THE COMPLETION OF THE APPLICATION PROCESS, AND MUST BE APPROVED BY THE HOME OFFICE.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview: Yes No

Interview Date _____

Remarks _____

Employed: Yes No

Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By _____

Name and Title

_____ Date

NOTES _____

Affirmative Action Data Record

Employees are treated during employment without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information, please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file.

Please Note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

Date _____

(PLEASE PRINT)

Last Name		First Name		Middle Name	
Home Address	Number	Street	City	State	Zip Code
Home Telephone Number(s)/Other Telephone Number(s)				Social Security Number	

REFERRAL SOURCE:

Advertisement
 Employee
 Relative
 Private Employment Agency
 Friend
 Walk-In
 Government Employment Agency
 Other _____

Position Applied for

Check One: Male Female Birthdate

Check One of the Following: (*Ethnic Origin*)

White
 Hispanic or Latino
 American Indian / Alaskan Native
 Black / African American
 Native Hawaiian or other Pacific Islander
 Asian
 Two or more races

Check If Any of the Following Are Applicable:

Vietnam Era Veteran
 Disabled Veteran
 Armed Forces Service Medal Veteran
 Recently Separated Veteran
 Other Protected Veteran