



Application for Employment

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

(PLEASE PRINT)

Position(s) Applied For: _____	Date of Application: _____
Referred by:	
Advertisement _____	Friend _____
State Agency (specify) _____	Relative _____
Other (specify) _____	

Last Name	First Name	Middle Name
Street Address	Apt.	City
		State
Zip		
Telephone Number(s)		

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: _____

Do any of your relatives work here? Yes No If yes, state name and relationship: _____

Are you currently employed? Yes No

If yes, may we contact your present employer? Yes No

Are you legally eligible for employment in the USA? Yes No
(If hired, you are required to submit proof of your eligibility to work in the USA)

Are you over the age of eighteen? Yes No

Date available for work: ____/____/____ What is your desired salary range? _____

Are you available to work: Full-Time Part-Time

Drivers License # if an essential job function: # _____ State: _____

**We are an Equal Opportunity Employer
EMPLOYMENT HISTORY**

List below present to past employment, beginning with your most recent.

Employer Name	Telephone #	Dates Employed		Summary of work Performed
		From	To	
Address	Starting Rate or Salary			
	\$	Per		
Job Title	Final Rate or Salary			
	\$	Per		
Immediate Supervisor				
Reason For Leaving				
May We Contact for a Reference?	Yes	No	Later	

Employer Name	Telephone #	Dates Employed		Summary of work Performed
		From	To	
Address	Starting Rate or Salary			
	\$	Per		
Job Title	Final Rate or Salary			
	\$	Per		
Immediate Supervisor				
Reason For Leaving				
May We Contact for a Reference?	Yes	No	Later	

Employer Name	Telephone #	Dates Employed		Summary of work Performed
		From	To	
Address	Starting Rate or Salary			
	\$	Per		
Job Title	Final Rate or Salary			
	\$	Per		
Immediate Supervisor				
Reason For Leaving				
May We Contact for a Reference?	Yes	No	Later	

E D U C A T I O N

School	Name and Address of School	Course of Study	Years Completed	Diploma/ Degree
High School				
College				
Other (specify)				

Describe any specialized training, apprenticeship, skills, job-related extra-curricular activities, or any other additional information you feel may be helpful to us in considering your application:

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

Have you ever been convicted of a crime other than a traffic violation? Yes No

If yes, please give the conviction date, nature of the offense, and place of conviction. _____

A conviction record will not necessarily bar you from employment.

PERSONAL/PROFESSIONAL REFERENCES

Do not include relatives

Name	Address	Phone Number	Occupation
1.			
2.			
3.			

Applicant's Statement

I give Gem State Manufacturing permission to contact employers listed above concerning my prior work experience with the exception of current employer unless noted on page one. I release all parties from possible damages resulting from disclosing such information with or without notice to me.

I certify that the facts set forth in my application for employment are true and complete. I understand that if I make any false or misleading statements on this application or during the interview, my application will not be further considered, or if I have been hired, I may be dismissed.

This application for employment shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that if employed, my employment is at-will and can be terminated by either the company or me, at any time, for any reason. It is further understood that this "at-will" employment relationship may not be changed by any written document or by conduct unless the President of Gem State Manufacturing specifically acknowledges such change in writing.

Signature of Applicant

Date

If someone assisted with the completion of this application, such as an interpreter, teacher, counselor, etc., please provide the following information:

Name: _____ Address: _____

Relationship to applicant: _____ Phone Number: _____

Gem State Manufacturing, Inc. is a Drug Free Workplace.

