

Date: _____

APPLICATION FOR EMPLOYMENT

(An Equal Opportunity Employer)

Name: _____

Address: _____

Phone:() _____ Alternate Phone:() _____

Social Security #: _____ Date of Birth: _____

Drivers License #: _____ Issuing State: _____

****Applicant Note:** This application form is intended for use in assisting us in evaluating your qualifications for employment. This is not an employment contract. **Please print all answers and answer all questions truthfully and completely.** Any person found to have intentionally misrepresented or omitted any material fact herein; will automatically be disqualified from further consideration for employment. All qualified applicants will receive consideration for employment without discrimination based on age, sex, national origin or any other protected classification. A prior felony conviction will automatically disqualify an applicant from employment.

****Affirmative action hiring may be requested by qualifying applicants. Additional testing of skills directly related to essential job functions and testing for the presence of drugs or alcohol in your body is required prior to employment.**

For which position are you applying? _____

Salary desired: _____

Have you applied here before? Yes No For what position? _____

Which do you prefer? Full time Part time Temporary

What date would you be able to begin work? _____

For what shifts would you be available? Weekdays Weekends Evening/Night
 Overtime Your shift only Other, Please specify: _____

Are you prevented from lawfully being employed in this country because of your visa or immigration status? Yes No

I attest, under penalty or perjury; that I am (check one):

1. A citizen or national of the United States.
 2. An alien lawfully admitted for permanent residence (Alien #) A _____
 3. An alien authorized by the immigration and naturalization service to work in the United States (Alien #) A _____

Referred by:

Walk In Friend Advertisement Employee
 Employment Agency Relative Other: _____

Do you currently have a valid license to operate a motor vehicle in this state? Yes No

- a. Have you received any notice that such license may or will be suspended or revoked at anytime in the future? Yes No
b. Have you been at fault in causing or contributing to any motor vehicle accident(s) in the past (5) years? Yes No

If yes, please explain your involvement in each accident. _____

Have you ever been bonded? Yes No

Did you serve in the U.S. Armed Forces? Yes No

If yes, what branch? _____

Have you ever been convicted of a felony and/or served time in the past seven (7) years for something other than drug possession or abuse? Yes No

If so, please describe below. Please list incident, city, state and charges. (In accordance with company policy, this information will be reviewed for job relatedness and time since last conviction.) _____

EDUCATION:

High School name and location: _____
Grade completed (circle one): 9 10 11 12

College, University or Technical school name and location: _____
Level completed (circle one): 1 2 3 4
Degree or Diploma? Yes No
Course of study, Major and Minor: _____

Describe specialized training, apprenticeship, skills and extracurricular activities: _____

EMPLOYMENT HISTORY:

List all employers in order with the last or present employer(s) first. Since we will make every effort to contact previous employers, please give the correct telephone number and the complete address of each listing.

Name, Address and telephone # Date of Employment
from: to: Title: _____
Salary: _____
Reason for leaving: _____
() _____
Principal duties: _____

Name, Address and telephone # from: to: Title: _____
Salary: _____
Reason for leaving: _____
() _____
Principal duties: _____

Name, Address and telephone # from: to: Title: _____
Salary: _____
Reason for leaving: _____
() _____
Principal duties: _____

Name, Address and telephone # from: to: Title: _____
Salary: _____
Reason for leaving: _____
() _____
Principal duties: _____

Name, Address and telephone # from: to: Title: _____
Salary: _____
Reason for leaving: _____
() _____
Principal duties: _____

BUSINESS REFERENCES:

Include individuals familiar with your work ability. Do not list relatives.

1.Name: _____
Address: _____
Phone #: _____
Years known: _____
Relationship: _____
Occupation: _____

2.Name: _____
Address: _____
Phone #: _____
Years known: _____
Relationship: _____
Occupation: _____

3.Name: _____
Address: _____
Phone #: _____
Years known: _____
Relationship: _____
Occupation: _____

PERSONAL REFERENCES:

1.Name: _____
Address: _____
Phone #: _____
Years known: _____
Relationship: _____
Occupation: _____

2.Name: _____
Address: _____
Phone #: _____
Years known: _____
Relationship: _____
Occupation: _____

3.Name: _____
Address: _____
Phone #: _____
Years known: _____
Relationship: _____
Occupation: _____

CERTIFICATION / RELEASE

“I certify that I have read and understand the applicant note on the front page of this form and that all answers given by me herein are true and correct to the best of my knowledge and belief. I hereby authorize Greensboro Refrigeration Services, Inc., and its agents and any credit reporting agency, to verify any information set forth herein including, but not limited to, my criminal history and motor vehicle driving record. I further authorize all persons, schools, former employers and law enforcement agencies to release such information as the company may request concerning my past, and do hereby release such person, school, former employer and law enforcement agency from any liability or damages which may result there from. I understand that the use of illegal drugs is prohibited during my employment and do hereby submit to drug testing by or at the direction of Greensboro Refrigeration Services, Inc. to detect the presence or absence of drugs in my body, both prior to and during my employment therewith.”

Signature: _____ Date: _____