

# APPLICATION FOR EMPLOYMENT

(Answer all questions – Please Print)

Please email this form to  
[apply@gresserco.com](mailto:apply@gresserco.com)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job-related medical condition or handicap.

Date of Application: \_\_\_\_\_

Position(s) Applied For: \_\_\_\_\_

Referral Source:  Advertisement  Friend  Relative  Employment Agency

Other \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Home Phone Number: \_\_\_\_\_ Alternative Phone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth (Optional): \_\_\_\_\_

Are you a Citizen of the United States?  Yes  No

If not, do you possess an Alien Registration Card?  Yes  No

Are you available to work?  Full Time  Part Time

Do any of your Friends or Relative work here?  Yes  No

If yes, list Name(s): \_\_\_\_\_

Are you?  Under 18  Over 18 years of age

Do you possess a valid Driver's License?  Yes  No

If yes, State: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Are you on Lay-Off and subject to recall?  Yes  No

Can you travel if the job requires it?  Yes  No

Have you ever been bonded?  Yes  No

If yes, for what position (s)? \_\_\_\_\_

Are you a Veteran?  Yes  No

If yes, what was your branch of military service? \_\_\_\_\_

Military Rank: \_\_\_\_\_

List trade or professional organizations of which you are a member, including offices held: \_\_\_\_\_

Give name, address, and phone number of three references not related to you:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_

**EMPLOYMENT EXPERIENCE**

List each job held. Start with your present or last job. Include military service assignments and volunteer activities.

Employer:	From	To	Work Performed
Address:			
Job Title:			
Supervisor:			
Rate or Salary- Starting	Ending		
Reason for Leaving:			

Employer:	From	To	Work Performed
Address:			
Job Title:			
Supervisor:			
Rate or Salary- Starting	Ending		
Reason for Leaving:			

Employer:	From	To	Work Performed
Address:			
Job Title:			
Supervisor:			
Rate or Salary- Starting	Ending		
Reason for Leaving:			

Employer:	From	To	Work Performed
Address:			
Job Title:			

Supervisor:	
Rate or Salary- Starting                      Ending	
Reason for Leaving:	

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

Summarize special skills and qualifications that you have: \_\_\_\_\_

**EDUCATION**

	Elementary	High	College/ University	Graduate/ Professional
School Name				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4

Describe specialized training, apprenticeship, skills, and extra-curricular activities: \_\_\_\_\_

**AGREEMENT**

I certify that the answers given herein are true and complete to the best of my knowledge.

I understand that a complete criminal and civil check may be conducted.

I authorize you to make such investigations and inquiries of driving record, my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, or persons from all liability in responding to inquiries in connection with my application.

In the event of employment, I understand that false and misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

NOTE: Check this box if you would like to receive copies of information obtained in any investigation.