



Application for Employment

EEO Policy: The Greater Works Networks prohibits any employment practice which in any way illegally discriminates against any employee of applicant for employment with respect to compensation, terms, conditions, or privileges of employment because of an individual's race, color, religion, national origin, veteran status, marital status, eligibility for military service sex, age, disability or any other basis protected by law. Disable applicants may request any needed accommodation.

PERSONAL INFORMATION

First Name: _____ Last Name: _____ M.I. _____

Current Address: _____ (City, Zip) _____

Email: _____ Date of Birth: _____

Position Applying for: _____ Salary Requirements: _____

When are you available to begin work: _____

Were you Referred? YES NO If so by whom? _____

Are you over 18 years of age? _____ Do you have legal right to work in the United States? _____

Have you ever been convicted of a crime? _____ If so, please indicate the nature and circumstances of the crime, including when and where: _____

Are there any currently pending criminal charges against you? YES NO

If so please indicate the nature of the charges? _____

Have you previously worked for the Greater Works Networks? YES NO

If Yes, when _____

MILITARY SERVICE

Have you ever been in the armed forces? YES NO Which Branch _____

Are you a member of the National Guard YES NO Rank Held _____

Specialty _____ Date Entered _____ Discharge Date _____



EDUCATION

Name and Location of School	Circle the last year completed	Did you Graduate	Subject Studied/ Degree(s) Received
High School	1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Trade, Business, Correspondence School	1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
College	1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Employment History

Employment History Current/Most Recent Position:

Employer: _____ Address: _____ Phone: _____

Position/Title: _____ Starting Wage: _____ Ending Wage: _____

Duties: _____

Dates of Employment: _____ to _____

Reason for leaving: _____

Supervisor Name: _____ Supervisor Title: _____ May We Contact Yes No

Employment History Prior Position:

Employer: _____ Address: _____ Phone: _____

Position/Title: _____ Starting Wage: _____ Ending Wage: _____

Duties: _____

Dates of Employment: _____ to _____

Reason for leaving: _____

Supervisor Name: _____ Supervisor Title: _____ May We Contact Yes No



Employment History Prior Position:

Employer: _____ Address: _____ Phone: _____

Position/Title: _____ Starting Wage: _____ Ending Wage: _____

Duties: _____

Dates of Employment: _____ to _____

Reason for leaving: _____

Supervisor Name: _____ Supervisor Title: _____ May We Contact Yes No

Employment History Prior Position:

Employer: _____ Address: _____ Phone: _____

Position/Title: _____ Starting Wage: _____ Ending Wage: _____

Duties: _____

Dates of Employment: _____ to _____

Reason for leaving: _____

Supervisor Name: _____ Supervisor Title: _____ May We Contact Yes No

ADDITIONAL EMPLOYMENT QUESTIONS

Describe your experience and/or training as it relates to the position you are applying for:

Describe any licenses, certifications, awards, recognition, training that is relevant to the position you are applying for:



REFERENCE CHECK / DRUG TESTING CONSENT AUTHORIZATION

Please read the following statements carefully before you sign your name.

I HEREBY CERTIFY that the answers given by me to the above questions and statements are true and correct and hereby authorize you to contact references, past employers, persons, schools, law enforcement agencies and any other sources of information which may be relevant to my application for employment. It is understood and agreed that any misrepresentation, false statement, or omissions by me in the application will be sufficient reason for rejection of my application or for dismissal at any time during my employment, without liability to this Company. This includes furnishing a false name or social security number. I have read, understand and agree to the above statement. (Please initial here) _____

I further understand that no representative of the Company has the authority to enter into any agreement for employment for any specified period of time and that this Company is not guaranteeing employment for anyone. No employment contract is created by virtue of my being hired by this Company, and if hired, my employment will be at will and may be terminated at any time without prior notice. I have read, understand and agree to the above statement. (Please initial here) _____

If employed, I agree to abide by all of the work and safety rules of the Company. I understand that this Company is committed to maintaining a drug-free workplace. I am aware that the Company may require a drug test as part of the hiring process. Also, if employed, I realize that the Company conducts post-accident, reasonable suspicion, periodic and/or random drug and/or alcohol testing of its employees. I have read, understand and agree to the above statement. (Please initial here) _____

I understand that this application will remain on file for 60 days for consideration. After 60 days, if I am still interested in a position with this Company, it will be necessary for me to complete a new application form.

SIGNATURE HERE _____ DATE _____

PRINT YOUR NAME HERE _____



Employee Availability Form

Employee name: _____

Phone Number: _____ E-mail address: _____

Please list Your Availability:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

List any days/hours you absolutely cannot work:

Employee Signature _____ Date: _____

Supervisor Signature: _____ Date: _____