



EMPLOYMENT APPLICATION

Please print or type clearly

Date

Full Name (First, Middle, Last)				Social Security Number	
Have you ever been known by any other name(s)? If so, please list:				Drivers License No. & State	
Current Address – Street	City	ST	Zip	How Long?	
Previous Address – Street	City	ST	Zip	How Long?	
Phone Number			Email Address		

What position are you applying for?	Desired Pay?	Availability?
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Education (You may be asked to provide transcripts and a waiver allowing access to educational records)

High School (Name & City, ST)	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		
College (Name & City, ST)	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Graduation Date	Degree
College (Name & City, ST)	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Graduation Date	Degree
Other (Name & City, ST)	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Graduation Date	Degree

References (List professional references only)

Name	Title	Company	Phone
Name	Title	Company	Phone
Name	Title	Company	Phone

Employment History

Starting with your MOST RECENT POSITION list full-time, part-time, or voluntary work including military service **for the last 10 years**. Please print or type clearly
Use additional paper if necessary.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	May we contact your current employer?		
CURRENT Employer Name		Address		Phone
Start Date	Start Salary		Start Position	
End Date	End Salary		End Position	
Name and Title of Supervisor			Reason for Leaving	
Briefly describe your responsibilities				
<hr/>				
Employer Name		Address		Phone
Start Date	Start Salary		Start Position	
End Date	End Salary		End Position	
Name and Title of Supervisor			Reason for Leaving	
Briefly describe your responsibilities				
<hr/>				
Employer Name		Address		Phone
Start Date	Start Salary		Start Position	
End Date	End Salary		End Position	
Name and Title of Supervisor			Reason for Leaving	
Briefly describe your responsibilities				

Employer Name		Address	Phone
Start Date	Start Salary	Start Position	
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Name and Title of Supervisor		Reason for Leaving	
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Employer Name		Address	Phone
Start Date	Start Salary	Start Position	
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Name and Title of Supervisor		Reason for Leaving	
Briefly describe your responsibilities			
Employer Name		Address	Phone
Start Date	Start Salary	Start Position	
End Date	End Salary	End Position	
Name and Title of Supervisor		Reason for Leaving	
Briefly describe your responsibilities			
Please explain any gaps in your employment history of more than 90 days			

Personal Information

<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you presently legally authorized to work in the United States on a full time basis? (If hired, you will be required to provide proof that you are legally authorized to work prior to commencement of employment)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you at least 21 years old?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a valid NC driver license and good driving record? If No, please explain:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever applied or worked at Gaston's Garage before? If yes, when:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have friends or relatives working for Gaston's Garage? List name and relationship:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you speak, write or understand any languages other than English? If yes, please list:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? If no, please describe the functions that cannot be performed:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a crime? If yes, briefly describe the nature of the crime(s), the date and place of conviction(s), and the legal disposition of the case(s):

By signing below, I confirm that all information provided by me to Gaston's Garage, in any form, is to the best of my knowledge, true, correct and complete. I also understand that any false information, omission or misrepresentation made by me to Gaston's Garage will lead to the rejection of my application or, if I am employed, may result in termination of my employment with Gaston's Garage.

 Applicant Signature

 Date