



APPLICATION FOR EMPLOYMENT

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. GDD is an equal opportunity employer. GDD supports a drug free environment

Position Applied For _____ Date _____

Last Name _____ First Name _____ MI _____

Address, City, State, Zip _____

Phone Number _____ Cell number _____

Social Security Number _____ Are you over 18 years of age _____ If not, can you provide eligibility to work _____

Have you ever filed an application with us before? _____ Were you employed with us before _____

If yes, give date _____ Are you currently employed? _____ If yes, can we contact your employer? _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? _____

On what date would you be available to start work? _____ Can you travel if a job requires it? _____

Are you available to work _____ Full Time _____ Part Time _____ Shift Work _____ Temporary

Have you ever been convicted of a felony within the last 7 years? _____ If yes, please explain _____

A conviction will not necessarily disqualify an applicant from employment

EDUCATION

	Name & Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (specify)				

EMPLOYMENT EXPERIENCE

Employer (address and phone)		Dates Employed	Work Performed
		From:	
		To:	
Job Title	Supervisor	Salary	
		Starting:	
		Final:	
Reason for Leaving			
Employer (address and phone)		Dates Employed	Work Performed
		From:	
		To:	
Job Title	Supervisor	Salary	
		Starting:	
		Final:	
Reason for Leaving			

Employer (address and phone)		Dates Employed From: To:	Work Performed
Job Title	Supervisor	Salary Starting: Final:	
Reason for Leaving			

List any professional, trade, business or volunteer offices held below:

REFERENCES

Name, Address and Phone	Years Known From: To:
Name, Address and Phone	Years Known From: To:
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SPECIAL SKILLS - Please list any special skills you have (i.e., computer skills, computer programs, data entry, bi-lingual, etc.)

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. Applications will be held on file for 6 months. I understand and acknowledge that my employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the Employer may discharge Employee at any time with or without cause. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. **I also understand that I am required to abide by all rules and regulations of the employer, and that my employment is contingent upon successful completion of a 90 day probationary period and that Employer conducts random drug testing.**

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview ___ Yes ___ No Interviewed by _____

Hired ___ Yes ___ No Date _____ Job Title _____

Starting Salary _____ Department Supervisor _____

Notes: