



EMPLOYMENT APPLICATION

Gilmore Inc is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability or national origin. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

- DIRECTIONS**
- Type or print, using blue or black ink
 - If you need additional space, attach a supplemental sheet
 - Sign the completed application
 - Complete the Industry Standards Test on the last page

LEAVE
BLANK
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GENERAL

NAME (LAST) (FIRST) (MIDDLE)			SOCIAL SECURITY NO.	DATE OF APPLICATION
PRESENT ADDRESS (STREET, CITY, STATE, ZIP CODE)			PHONE NO. - DAY () ()	PHONE NO. - EVENING () ()
ADDRESS WHERE YOU MAY BE CONTACTED IF DIFFERENT FROM PRESENT ADDRESS			ALTERNATE PHONE NO. () ()	BIRTHDATE, IF UNDER 18
HAVE YOU PREVIOUSLY WORKED FOR GILMORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATES OF EMPLOYMENT	DEPARTMENT	POSITION	SUPERVISOR
IF HIRED, CAN YOU PROVIDE PROOF OF CITIZENSHIP OR LEGAL RIGHT TO WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO				
HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENSE OTHER THAN MINOR TRAFFIC VIOLATIONS? _____ IF SO, PLEASE EXPLAIN. A CRIMINAL CONVICTION WILL BE CONSIDERED ONLY IN RELATION TO THE JOB FOR WHICH YOU ARE APPLYING. SERIOUSNESS AND NATURE OF THE OFFENSE, TIME ELAPSED, AND REHABILITATION WILL BE TAKEN INTO ACCOUNT.				

POSITION

TYPE OF POSITION APPLYING FOR		SOURCE OF REFERRAL	ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO
DATE YOU CAN START	POSITION DESIRED <input type="checkbox"/> FULL-TIME REGULAR <input type="checkbox"/> PART-TIME REGULAR <input type="checkbox"/> TEMPORARY	SPECIFY ANTICIPATED PERIOD OF WORK AND/OR NUMBER OF HOURS PER DAY	SALARY EXPECTED \$
PREFERRED SHIFT? <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND	ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHEN? _____

EDUCATION & TRAINING

HIGH SCHOOL LAST ATTENDED	GRADUATE? YES NO		TYPE OF DEGREE OR DIPLOMA	MAJOR SUBJECT	NAME OF SCHOOL
					CITY & STATE
COLLEGE, UNIVERSITY OR TECHNICAL SCHOOL	GRADUATE? YES NO		TYPE OF DEGREE OR DIPLOMA	MAJOR SUBJECT	NAME OF SCHOOL
					CITY & STATE
OTHER	GRADUATE? YES NO		TYPE OF DEGREE OR DIPLOMA	MAJOR SUBJECT	NAME OF SCHOOL
					CITY & STATE

LIST LICENSES, FOREIGN LANGUAGES, COMPUTER, WOODWORKING, UPHOLSTERY, LEAN MANUFACTURING, OR OTHER SKILLS & TRAINING YOU CONSIDER RELEVANT TO EMPLOYMENT AT GILMORE

LANGUAGE ABILITY--LIST THOSE YOU COULD USE IN YOUR WORK											
ENGLISH	SPEAK	READ	WRITE	OTHER	SPEAK	READ	WRITE	OTHER	SPEAK	READ	WRITE
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROFESSIONAL ORGANIZATIONS, ASSOCIATIONS, HONORS, CERTIFICATIONS, PROFESSIONAL LICENSES AND PUBLICATIONS YOU CONSIDER SIGNIFICANT. PLEASE INDICATE THE PROFESSIONAL LICENSE NUMBER AND STATE OF ISSUANCE

EMPLOYMENT RECORD

LIST MOST RECENT EMPLOYMENT FIRST

START DATE	END DATE	FINAL POSITION TITLE	FINAL SALARY	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYER		LAST SUPERVISOR'S NAME	REASON FOR LEAVING	
STREET ADDRESS, CITY, STATE, ZIP CODE				PHONE ()
POSITION DESCRIPTION				

START DATE	END DATE	FINAL POSITION TITLE	FINAL SALARY	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYER		LAST SUPERVISOR'S NAME	REASON FOR LEAVING	
STREET ADDRESS, CITY, STATE, ZIP CODE				PHONE ()
POSITION DESCRIPTION				

START DATE	END DATE	FINAL POSITION TITLE	FINAL SALARY	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYER		LAST SUPERVISOR'S NAME	REASON FOR LEAVING	
STREET ADDRESS, CITY, STATE, ZIP CODE				PHONE ()
POSITION DESCRIPTION				

REFERENCES

LIST THREE PERSONS, OTHER THAN RELATIVES OR PERSONAL FRIENDS, WHO HAVE KNOWLEDGE OF YOUR WORK EXPERIENCE AND/OR EDUCATION.

NAME/TITLE	MAILING ADDRESS	PHONE

AUTHORIZATION

APPLICATION MUST BE SIGNED PRIOR TO SUBMITTING.

If you are to be hired by the company, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company.

I understand that any employment is conditioned on a background check. I authorize the Company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without a fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing.

If I am offered employment I agree to submit to a medical examination and a drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and is permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug tests, and if I am hired a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all Company work rules, policies and procedures. The company retains the right to revise its policies and procedures, in whole or in part, at any time.

Date _____

Signature _____

NO PERSON SHALL BE DENIED EMPLOYMENT ON THE BASIS OF RACE, COLOR, ETHNICITY, NATIONAL ORIGIN, SEX/GENDER, SEXUAL ORIENTATION, RELIGION, CREED, DISABILITY (INCLUDING HIV STATUS, AGE, VETERAN STATUS, MARITAL STATUS OR EX-OFFENDER STATUS).

Employment is contingent upon furnishing evidence of identity and employment eligibility.