

Application For Employment[An Equal Opportunity Employer]

Date: Circle	how you heard about the pos	sition?: Craigsl	ist Indeed I	Referred by:_		Other:
Position applying for:		Social Security #:				
Name - First:	M	iddle:	Last	:		
Current Address:		City	y:		State:	Zip:
How long have you lived a	at your current address?:					
Previous Address:		City	y:		State:	Zip:
Telephone:	Cell:		Email: _			
If you are under 18, we rec	quire a work permit, can you	furnish one?	N/A	YES	NO	
Have you ever worked for	GK's Custom Polishing, Inc	. before?		YES	NO	
If yes, please explain:						
I am able to work the desig	gnated hours as listed on the j	job description	for the abov	e position tha	t I am applyin	g for: YES NO
Are you eligible for work i	in this country? YES	NO Date a	available to s	start work:		
If offered a position, how i	nuch notice do you need to o	offer your curre	nt employer	?:	 	
Driver's license number: _		S1	tate:	Is th	is valid: YES	S NO
Please list ALL Moving V	iolations over the past 3 year	s:				
Have you ever plead "guilt	ty" or "no contest" to, or been	n convicted of a	a felony / mi	sdemeanor /	crime? YES	NO
If yes, please proved dates	and details:					
	f alcohol (or) drug abuse?					
Answering "yes" to these que	estions does not constitute an au	itomatic bar to e	mployment. I	Factors such as	s date of offense	, seriousness and
nature of the violation, rehab	ilitation and position applied fo	r will be taken in	ito account.]			
Employment History	ation of your past three (3) emp	lovars assignma	nts or volunte	nar activities s	tautina with mae	st vacant
	union of your past inree (5) emp				_	
Starting/final job titles:		S	Starting/final	salary:		
	ities:					
					eference: YES	S NO
Resigned with notice	Resigned without notice	■ Eligible f	for Re-hire?	YES NO)	
Why you left:						
Terminated: NO YES a	nd why:					
	itian					
	ities:					. NO
	Designed with out notice					S NU
•	Resigned without notice I	•				
Terminated: NO YES &	k reason:					

3. Employer:			Start Date & End Da	ate:		
Address:		City/State/Zip: Telephone:				
Starting/final job	titles:	Starting	/final salary:			
Summarize job re	sponsibilities:					
Supervisor:	······································		_ May we contact for	or reference: YES NO		
Reason for leavin	g: Resigned with notice	Resigned without no	otice Eligible f	for Re-hire?: YES NO		
Why you left:						
	YES and why:					
Will you receive a	a satisfactory reference from	your current and all prev	vious employers?:	YES NO		
Education:	Name and Location	Years Completed	List Degree or Dip	oloma Course of Study		
High School						
College						
Other						
References Please include three Name	e (3) references that are not rele Teleph	•	Relationship	Number of Years Known		
Application State	ement					
I certify that all the plete and correct.	information I have provided in	on, omission, or misstatem	ent of information on t	GK's Custom Polishing, Inc. is true, com- his application or at any time during the		
information concern		and any pertinent informat	ion they may have, pers	GK's Custom Polishing, Inc. any and all sonal or otherwise, and release all parties		
hired, I will be requing, Inc. is entered	ired to provide proof of identity	y and legal authority to wo nent is at will, meaning that	rk in the United States.	od or duration. I understand that if I am Employment with GK's Custom Polish-nd GK's may terminate the employment		
	read, fully understand and acce a background check.	ept all terms of the foregoin	g Application Statemer	nt. I agree to allow GK's Custom Polish-		
	DO NOT SIGN UNTIL YO	OU HAVE READ THE A	BOVE APPLICATIO	N STATEMENT		
Signature of Appli	icant			Date		
				General/Office/Misc./Empl. Appl. 7/2018		

Disclosure Under the Fair Credit Reporting Act and Consent to Procurement of Consumer Report For Employment Purposes

The undersigned hereby authorizes **GK's Custom Polishing, Inc.**, or its insurance agency A.J. Amer Insurance Agency, Inc., or its assigns, to obtain copies of consumer reports, including motor vehicle reports, pertaining to me for employment purposes and for use in rating and/or underwriting insurance for which the above named employer may apply, and any renewal thereof.

I understand that in obtaining such consumer reports, a consumer reporting agency may be used, and I do hereby authorize such use.

Signed:	Dated:	
(Please Print)		
Drivers License Number: _		
State Licensed (if other tha	n Ohio):	
Job Descriptions Include: <u>I</u>	Hard Surface Maintenance Technician & Automobile Detailer	
Type of vehicle to be driver	n: GK's Custom Polishing, Inc.'s trucks, loaner cars, etc	