



PLEASE COMPLETE ALL INFORMATION REQUESTED

APPLICATION FOR EMPLOYMENT

PERSONAL

PLEASE COMPLETE PAGES 1-5

DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long _____ Social Security No. _____ - _____ - _____

Telephone (____) _____

If hired can you provide proof that you are legally able to work in the United States? []Yes []No

How were you referred to us?

[]Advertisement _____ []Employment Agency _____

[]Other _____

Position applied for (1) _____
and salary desired (2) _____
(Be specific)

Days/hours available to work
No Pref _____ Thur _____
Mon _____ Fri _____
Tue _____ Sat _____
Wed _____ Sun _____

Specific skills or training: What knowledge, special skills and/or individual capabilities do you have which especially prepare you for the position applied for?

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired []Full-Time Only []Part-Time Only []Full-Time or Part-Time

When available for work? _____

Are you able to perform the essential functions of the job for which you are applying? []Yes []No

(Note: We comply with the Americans with Disabilities Act and consider reasonable accommodation measures that may be necessary for eligible applicants to perform essential functions)

Have you ever been convicted of a criminal offense (felony or misdemeanor)? []Yes []No

If yes, please state nature of offense(s), date(s), city, state and disposition on a separate sheet of paper. Note: An affirmative answer will not necessarily result in disqualification for employment.

EDUCATION

	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				
Other				

Please list four (4) references at least two (2) must be prior employers)

Name: _____
 Company: _____
 Address: _____

 Telephone: _____

Name: _____
 Company: _____
 Address: _____

 Telephone: _____

Name: _____
 Company: _____
 Address: _____

 Telephone: _____

Name: _____
 Company: _____
 Address: _____

 Telephone: _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

MILITARY SERVICE

Have you obtained any special skills or abilities as a result of service in the military? Yes No

If yes, please describe:

EMPLOYMENT HISTORY

Work Experience

Please list your work experience for the past seven (7) years beginning with your most recent job held. In addition, please indicate any other experience which you believe is relevant to the position for which you are applying (e.g., volunteer experience, self-employed, military service, experience gained over seven (7) years prior, etc.). Attach additional sheets if necessary.

Answer all the following questions if you are applying for a professional, licensed or certified position

Are you licensed/certified for the job you are applying? Yes No

Name of license/certification: _____ Issuing state: _____

License certification number: _____ Has your license/certification ever been revoked or suspended? Yes No If

yes, explain: _____

Name of employer: _____ Address: _____ City, State, Zip Code: _____ Phone number: _____	Name of last supervisor	Employment dates From To	Pay or salary Start Final
Your last job title			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer: _____ Address: _____ City, State, Zip Code: _____ Phone number: _____	Name of last supervisor	Employment dates From To	Pay or salary Start Final
Your Last Job Title:			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

EMPLOYMENT HISTORY (cont'd)

Name of employer: _____	Name of last supervisor	Employment dates	Pay or salary
Address: _____ City, State, Zip Code: _____ Phone number: _____			
		From: To:	Start: Final:
	Your last job title:		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer: _____	Name of last supervisor	Employment dates	Pay or salary
Address: _____ City, State, Zip Code: _____ Phone number: _____			
		From: To:	Start: Final:
	Your last job title:		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did?

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Gemini Tech Services, LLC (“GTS”) (hereinafter called “the Company”), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of GTS, or otherwise to change in any respect the Employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President of the Company. Both the undersigned and GTS may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be an introductory period of sixty (60) days, and further that at any time during the introductory period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant _____ **Date:** _____

GTS is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with GTS depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.