**APPLICATION FOR EMPLOYMENT**

# PLEASE READ CAREFULLY-WRITE CAREFULLY-ANSWER ALL QUESTIONS

THE QUESTIONS FOUND ON THIS APPLICATION ARE BEING ASKED TO PROPERLY EVALUATE YOUR ABILITIES AND CHANCES OF SUCCESS IN THE POSITION FOR WHICH YOU ARE APPLYING. GEMÜ IS AN EQUAL OPPORTUNITY EMPLOYER - ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION FOR EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, SEXUAL ORIENTATION, NATIONAL ORIGIN, DISABILITY STATUS, PROTECTED VETERAN STATUS, OR ANY OTHER CHARACTERISTIC PROTECTED BY LAW.

# THIS APPLICATION WILL REMAIN ACTIVE FOR A PERIOD OF (90) DAYS ONLY.

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| ***Name and Addresses*** | | | | | | |
| Last Name: | | First Name: | | | Middle Name: | |
| Current Address: (Number and Street) | | | | | | |
| City: | County: | | State: | | | Zip Code: |
| Driver’s License Number & State of Issue: | | Social Security Number: | | Best Contact Phone Number: | | |
| Email Address: | | | | Alternate Phone Number: | | |
| ***Employment Desired*** | | | | | | |
| Desired position: | | Experience? YES NO | | | | |
| Have you worked for us before? YES NO | | If YES, what were the dates of employment? | | | | |
| Name used while previously employed by GEMÜ (If different than above): | | | | | | |
| What type of position do you prefer? (You may select more than one)  Full Time Part Time Temporary PRN Seasonal 1st Shift 2nd Shift Contract Consulting | | | | | | |
| Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation? YES NO | | | | | | |
| ***Citizenship*** | | | | | | |
| Do you have the right to work in the US? YES NO | | Can you after employment submit a birth certificate or other proof of US Citizenship if your job legally requires it? YES NO | | | | |
| If “NO” explain below: | | | | | | |
| ***US Military Service*** | | | | | | |
| Are you a Veteran of the US Military? YES NO | | Branch of Service: | | | Rank: | |
| Entry Date: | | Exit Date: | | | Reserve Organization: | |

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| Military Specialty: | Job Related Skills and Experience: | | | |
| Have you ever been discharged (Fired) from a job? YES NO If “YES” explain and give date(s): | | | | |
| Have you ever been disciplined or discharged for: YES NO Absenteeism, Tardiness  YES NO Failure to notify your company when absent YES NO Any other attendance-related reasons  YES NO Theft, unauthorized removal of company property or related offenses YES NO Fighting, assault, or related offenses  YES NO Being under the influence of alcohol or drugs YES NO Possession, use or abuse of alcohol or drugs YES NO Insubordination  YES NO Violating safety rule(s) | | | | |
| Do you have a Valid Driver’s License? (Required for some positions) YES NO | | | | |
| Has your Driver’s License been suspended or revoked in the last three (3) years? YES NO | | | | |
| If yes, explain: | | | | |
| List any GEMÜ Employees you are related to and relationship: | | | | |
| ***Education*** | |  | | |
| Name of Last High School and address: | | DEGREE/DIPLOMA | YEARS ATTENDED | ACADEMIC MAJOR |
| Name if Different on Records: | |
| Name of College, University, Technical or Vocational school and address: | | DEGREE/DIPLOMA | YEARS ATTENDED | ACADEMIC MAJOR |
| Name if Different on Records: | |
| Name of College, University, Technical or Vocational school and address: | | DEGREE/DIPLOMA | YEARS ATTENDED | ACADEMIC MAJOR |
| Name if Different on Records: | |

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| Other training or experience including information on Adult Education programs, which have a direct bearing on the job for which you are seeking. | | | | | School | Course | | Diploma or Certificate | | Date Completed |
| Have you any Hobbies or Interests, or belong to any Club, Organization, Society, or Professional group which has a direct bearing on your qualification for the job which you are seeking? YES NO | | | | | | | | | | |
| If “Yes” explain | | | | | | | | | | |
| ***Employment History (Must complete. Resume alone is not sufficient)*** | | | | | | | | | | |
| Give a complete record of all employment and reasons for periods of unemployment during the past 10 years. Start with most recent employment. | | | | | | | | | | |
| Last Employment First | | | | Employer’s Name, Address, and Telephone Number | | | Last Salary and Position(s) held | | Reason for leaving | |
| From | | To | |
| Month | Year | Month | Year | Employer: | | | Salary: | |  | |
| Position: | |
| Address: | | |
| Supervisor: | |
| May we contact this Employer? YES NO | | | Phone Number: | |
| Month | Year | Month | Year | Employer: | | | Salary: | |  | |
| Position: | |
| Address: | | |
| Supervisor: | |
| May we contact this Employer? Yes NO | | | Phone Number: | |
| Month | Year | Month | Year | Employer: | | | Salary: | |  | |
| Position: | |
| Address: | | |
| Supervisor: | |
| May we contact this Employer? YES NO | | | Phone Number: | |
| Month | Year | Month | Year | Employer: | | | Salary: | |  | |
| Position: | |
| Address: | | |
| Supervisor: | |
| May we contact this Employer? YES NO | | | Phone Number: | |
| Name if different on previous employment record(s): | | | | | | | | | | |

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| ***Professional Certifications*** | | | | | | | | | | | |
| Type: | | | | | Type: | | | | | | |
| Area of Specialization: | | | | | Area of Specialization: | | | | | | |
| Issue Date: | | | | | Issue Date: | | | | | | |
| Certification Number: | | | | | Certification Number: | | | | | | |
| ***Previous Addresses (List all residence addresses for the past seven years)*** | | | | | | | | | | | |
| Name (If different) | Street Address | | | | City | | | State: | Zip: | Dates: | |
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| ***References (Provide 2 Personal and 2 Professional)*** | | | | | | | | | | | |
| Name: | | Occupation: | | | | | Organization: | | | | |
| Phone: | | | | | Address: | | | | |
| Name: | | Occupation: | | | | | Organization: | | | | |
| Phone: | | | | | Address: | | | | |
| Name: | | Occupation: | | | | | Organization: | | | | |
| Phone: | | | | | Address: | | | | |
| Name: | | Occupation: | | | | | Organization: | | | | |
| Phone: | | | | | Address: | | | | |
| ***Name and Address of Person to Notify in Case of Emergency*** | | | | | | | | | | | |
| Name: | | | Relationship to Employee | | | | Phone Number: | | | | |
| Street Address: | | | | City | | State | | | | | Zip Code |

You must attach current and up to date resume to this application to be considered for employment.

I certify that I have personally completed this application. I declare that the information provided in this employment application and any attached resume is true and complete and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification form my dismissal from employment if discovered at a later date. I agree to immediately notify this company if I should be convicted of a crime during my employment, if hired, or if I have previously been convicted of a crime, after I receive a conditional offer of employment, if any.

I authorize this company to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

I specifically authorize and direct my current and former employers to supply employment-related information to this company and do hereby release my current and former employers from liability for providing information to this company. Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer.

# AT-WILL EMPLOYMENT AGREEMENT

I understand and agree that nothing contained in this application or conveyed during any interview is intended to create an employment contract between the company and me. In addition, I understand and agree that if you employ me, in consideration of my employment, my employment and compensation will be at-will, for no definite period of time, and may be terminated at any time, for any reason, or for no reason at all. I have read, understand, and agree to the above.

# DRUG FREE ENVIRONMENT

I do not participate in the use of illegal drugs nor will I work under the influence of drugs or alcohol during my employment.

# PERSONNEL INFORMATION

I authorize GEMÜ Valves to conduct reference checks, criminal and driving record checks, and other consumer report investigations. I certify that no items or events related to my background will cause a risk to the company, its employees, and/or property. I understand that conviction of a crime will not necessarily disqualify me from consideration of employment. I agree that any false information or omission allows GEMÜ Valves not to hire me, or to terminate my employment at any time.

Signature: \_ \_ Date:

***PRE-EMPLOYMENT DRUG TESTING CONSENT AND RELEASE FORM***

I acknowledge that if selected for said position, I will be required to complete a drug screen within 72 hours of submitting my signed offer letter.

I hereby consent to submit to specimen tests as shall be determined by GEMÜ Valves in the selection process of applicants for employment, for the purpose of determining the drug content thereof.

I agree that GEMÜ Valves may collect these specimens for these tests and may test them or forward them to a testing laboratory designated by the company for analysis.

I further agree to and hereby authorize the release of the results of said tests to the company.

I understand that it is the current use of illegal drugs that would prohibit me from being employed at this company.

I further agree to hold harmless the company and its agents (including the above named physician or clinic) from any liability arising in whole or part, out of the collection of specimens, testing, and use of the information from said testing in connection with the company's consideration of my application of employment.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

Signature: \_ \_ Date: