

APPLICATION FOR EMPLOYMENT

Please print clearly in ink and fill in all spaces that apply.

PERSONAL

LAST NAME	FIRST	MIDDLE	TODAY'S DATE
STREET ADDRESS			PRIMARY PHONE NUMBER
CITY, STATE, ZIP			SECONDARY PHONE NUMBER
PREFERRED NAME, OR NICKNAME			ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO
TYPE OF WORK DESIRED/POSITION DESIRED			SALARY DESIRED
IN CASE OF EMERGENCY CONTACT (NAME, ADDRESS, CITY, STATE, ZIP)			EMERGENCY DAYTIME PHONE
ARE YOU UNDER 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF HIRED, AND UNDER 18, CAN YOU PROVIDE A WORK PERMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO			
CAN YOU PROVIDE PROOF THAT YOU ARE ELIGIBLE TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO			

AVAILABILITY

TRADE CENTER HOURS: FRIDAY 12:00 NOON-9:00 PM; SATURDAY 10:00 AM-8:00 PM; SUNDAY 10:00 AM-6:00 PM						ARE YOU AVAILABLE TO WORK WEEKENDS?	
ARE YOU AVAILABLE TO WORK ON HOLIDAYS? <input type="checkbox"/> YES <input type="checkbox"/> NO						TOTAL HOURS AVAILABLE PER WEEK?	
WILL YOU WORK OVERTIME, IF NEEDED? <input type="checkbox"/> YES <input type="checkbox"/> NO						REFERRED BY TRADE CENTER EMPLOYEE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE THERE ANY DAYS, OR HOURS YOU ARE UNABLE OR UNWILLING TO WORK?						IF SO, MAY WE ASK WHO?	
Our hours of operation are extended for the holidays and promotional events. We look for applicants with the greatest availability. Below, please indicate the times you would be available.						HAVE YOU EVER BEEN EMPLOYED BY GTC, INC.? <input type="checkbox"/> YES <input type="checkbox"/> NO	
AVAILABILITY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
FROM:							
TO:							
OBLIGATIONS WHICH WOULD AFFECT WORKING AS SCHEDULED?							
HOW SOON AFTER ACCEPTING AN OFFER WOULD YOU BE ABLE TO START WORKING?							

EMPLOYMENT HISTORY

EMPLOYER	DATE OF EMPLOYMENT		WORK PERFORMED / ACHIEVEMENTS
	FROM	TO	
ADDRESS			
CITY STATE ZIP TELEPHONE			
SUPERVISOR	HOURLY RATE / SALARY		
	STARTING	FINAL	
REASONS FOR LEAVING			
EMPLOYER	DATE OF EMPLOYMENT		WORK PERFORMED / ACHIEVEMENTS
	FROM	TO	
ADDRESS			
CITY STATE ZIP TELEPHONE			
SUPERVISOR	HOURLY RATE / SALARY		
	STARTING	FINAL	
REASONS FOR LEAVING			
EMPLOYER	DATE OF EMPLOYMENT		WORK PERFORMED / ACHIEVEMENTS
	FROM	TO	
ADDRESS			
CITY STATE ZIP TELEPHONE			
SUPERVISOR	HOURLY RATE / SALARY		
	STARTING	FINAL	
REASONS FOR LEAVING			

WORKING SKILLS

IF APPLICABLE, PLEASE CHECK ALL YOUR CURRENT SKILLS

- | | | | | |
|--|---|--|--|---|
| <input type="checkbox"/> STOCK CLERK | <input type="checkbox"/> CUSTOMER SERVICE | <input type="checkbox"/> DISPLAY DESIGN | <input type="checkbox"/> FILING | <input type="checkbox"/> SPREADSHEETS |
| <input type="checkbox"/> INVENTORY CLERK | <input type="checkbox"/> STORE MANAGEMENT | <input type="checkbox"/> SECURITY | <input type="checkbox"/> CALCULATOR | <input type="checkbox"/> FINANCIAL REPORTS |
| <input type="checkbox"/> MAIL ROOM | <input type="checkbox"/> PERSONNEL | <input type="checkbox"/> GENERAL CLERICAL | <input type="checkbox"/> ADDING MACHINE | <input type="checkbox"/> POSTING |
| <input type="checkbox"/> FOOD HANDLING | <input type="checkbox"/> MARKETING / SALES | <input type="checkbox"/> SECRETARIAL | <input type="checkbox"/> BOOKKEEPING | <input type="checkbox"/> CREDIT / COLLECTIONS |
| <input type="checkbox"/> MAINTENANCE | <input type="checkbox"/> ADVERTISING | <input type="checkbox"/> TYPING ____ WPM | <input type="checkbox"/> PAYROLL SYSTEMS | |
| <input type="checkbox"/> SALES CLERK | <input type="checkbox"/> GRAPHIC DESIGN | <input type="checkbox"/> DATA ENTRY | <input type="checkbox"/> ACCOUNTS RECEIVABLE | |
| <input type="checkbox"/> CASHIER | <input type="checkbox"/> MERCHANDISE / BUYING | <input type="checkbox"/> COMPUTER OPERATOR | <input type="checkbox"/> ACCOUNTS PAYABLE | |

LIST OTHER SKILLS WHICH YOU FEEL WOULD QUALIFY YOU FOR WORK WITH GIBRALTAR TRADE CENTER

LIST ANY PROFESSIONAL CERTIFICATES, AWARDS OR ACCOMPLISHMENTS YOU HAVE ACHIEVED

EDUCATION

SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NUMBER OF YEARS COMPLETED	DID YOU GRADUATE	DEGREE OR DIPLOMA
HIGH SCHOOL					
COLLEGE					
TECHNICAL OR VOCATIONAL TRAINING					

SECURITY

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR WITHIN THE LAST 5 YEARS? YES NO

IF YES, GIVE DETAILS _____

HAVE YOU EVER BEEN DISCIPLINED FOR ABSENTEEISM OR TARDINESS? YES NO

IF YES, GIVE DETAILS _____

HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN BY AN EMPLOYER? YES NO

IF YES, GIVE DETAILS _____

HAVE YOU EVER TAKEN ANY MERCHANDISE, MONEY OR PROPERTY FROM AN EMPLOYER YES NO

IF YES, GIVE DETAILS _____

NOTE: YOU WILL NOT BE DENIED EMPLOYMENT SOLELY BECAUSE OF A CONVICTION RECORD, UNLESS THE OFFENSE IS RELATED TO THE JOB FOR WHICH YOU HAVE APPLIED.

REFERENCES

PLEASE LIST 2 PROFESSIONAL REFERENCE WHO CAN VERIFY YOUR WORK HISTORY AND PERFORMANCE. REFERENCES SHOULD NOT BE RELATIVES AND MUST HAVE SUPERVISED YOU AT SOME TIME IN YOUR WORK HISTORY.

NAME OF SUPERVISOR _____ TITLE _____

COMPANY NAME AND ADDRESS _____

_____ TELEPHONE _____

NAME OF SUPERVISOR _____ TITLE _____

COMPANY NAME AND ADDRESS _____

_____ TELEPHONE _____

PLEASE READ THE FOLLOWING AND SIGN BELOW

I ACKNOWLEDGE THAT THE FACTS SET FORTH ON THIS EMPLOYMENT APPLICATION ARE TRUE AND COMPLETE. I UNDERSTAND THAT IF EMPLOYED, ANY FALSE STATEMENT OR OMISSION ON THIS APPLICATION OR ANY ATTACHMENT SHALL BE SUFFICIENT CAUSE FOR DISMISSAL.

I AUTHORIZE GIBRALTAR TRADE CENTER, INC. TO USE IT'S PERSONNEL OR ANY INVESTIGATIVE AGENCY TO INVESTIGATE MY EMPLOYMENT RECORD, HEALTH, EDUCATION, CRIMINAL CONVICTION RECORD AND FINANCIAL RECORD.

I ALSO AUTHORIZE ALL MY EMPLOYERS AND FORMER EMPLOYERS, REFERENCES, CREDIT REPORTING AGENCIES/BUREAUS, MEDICAL FACILITIES, EDUCATIONAL INSTITUTIONS AND ANY OTHER PERSON(S) CONTACTED BY GIBRALTAR TRADE CENTER INC. REPRESENTATIVES TO PROVIDE GIBRALTAR TRADE CENTER, INC. WITH ALL RECORDS AND INFORMATION RELEVANT TO MY EMPLOYMENT APPLICATION WITH GIBRALTAR TRADE CENTER, INC. I RELEASE ALL PARTIES WHO PROVIDE SUCH RECORDS OR INFORMATION FROM ALL LIABILITIES ARISING FROM SUCH DISCLOSURES; AND I WAIVE ANY RIGHTS TO NOTICE SUCH DISCLOSURES.

IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) MAY RESULT IN IMMEDIATE DISMISSAL. I UNDERSTAND ALSO, THAT I AM REQUIRED TO ABIDE BY ALL THE RULES AND REGULATIONS OF GIBRALTAR TRADE CENTER, INC. FURTHERMORE, IF I BECOME EMPLOYED BY GIBRALTAR TRADE CENTER, INC. I AGREE THAT IN CONSIDERATION, I WILL NOT COMMENCE ANY ACTION, ADMINISTRATIVE CLAIM OR SUIT MORE THAN SIX MONTHS AFTER THE DATE MY EMPLOYMENT IS TERMINATED, REGARDLESS OF THE CIRCUMSTANCES OF THE TERMINATION, WHICH RELATES TO MY EMPLOYMENT AND/OR TERMINATION OF MY EMPLOYMENT AND WHICH WOULD OTHERWISE BE TIMELY, AND I HEREBY WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.

I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE AND WITHOUT NOTICE AT ANY TIME BY THE COMPANY. I UNDERSTAND AND AGREE THAT IF EMPLOYED, THE EMPLOYMENT WILL BE "AT WILL." THAT IS, EITHER I OR GIBRALTAR TRADE CENTER, INC. MAY END THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, OR FOR NO REASON.

I AUTHORIZE GIBRALTAR TRADE CENTER INC. TO COPY THIS DOCUMENT AND AGREE SUCH COPIES WITH MY SIGNATURE SHALL HAVE THE SAME LEGAL FORCE AND EFFECT AS THE ORIGINAL DOCUMENT WITH MY SIGNATURE.

SIGNATURE _____ DATE _____

HOURLY WAGE _____ HIRE DATE _____ DEPARTMENT _____

HIRING MANAGER'S SIGNATURE _____

Large blank area with horizontal lines for notes or additional information.



TAYLOR, MICHIGAN
15525 RACHO RD. (I-75 TO EXIT 36) • 734-287-2000

MT. CLEMENS, MICHIGAN
237 NORTH RIVER RD. (I-94 TO EXIT 237) • 586-465-6440