

# Application for Employment



**Equal Employment Opportunity Statement:**

Employment decisions will be based on the principles of equal opportunity. All personnel actions (recruiting, hiring, training, promotion, compensation, etc.) are administered without regard to any characteristic protected by state, federal or local law, assuming said characteristic does not interfere with the performance of essential job functions. Reasonable accommodations will be made for disabilities and religious beliefs. Please inform us of any necessary accommodations to the application process.

**Please print.**

<b>Applicant Name:</b> First	Middle	Last

Address	City	State	Zip

Telephone Number	Social Security Number

Position(s) Applied For	Date of Application

Salary Expected

How did you learn about Gilco Trucking/Gillbuilt Transportation

- |  |   |
|--|---|
| <input type="checkbox"/> Advertisement—Specify:            | <input type="checkbox"/> Employment Agency—Specify: |
| <input type="checkbox"/> Employee Referral—Which employee? | <input type="checkbox"/> Other—Specify:             |

Have you applied for a position with us before?  No  Yes—Specify date:

Have you ever been employed with us before?  No  Yes—Specify date and position:

Are you currently employed?  No  Yes

Are you currently on "lay-off" status and subject to recall?  No  Yes

On what date would you be available for work?

Are you available to work:  Full-time  Part-time  All shifts  Temporary

Can you travel for work if necessary?  Yes  No

Are you legally permitted to work in the United States?  Yes  No

*NOTE: Proof of eligibility will be required within three working days of employment.*

Are you 18 years of age or older?  Yes  No

Are you willing to take drug tests at the Company's request?  No  Yes

Have you ever gone by a name other than the one listed above?  No  Yes—Please list:

## EDUCATION

**List the last 3 schools attended.**

Name of College / High School	Location

Years Completed	Degree/Major	G.P.A.

Diploma obtained?     Yes     No

Name of College / High School	Location

Years Completed	Degree/Major	G.P.A.

Diploma obtained?     Yes     No

Name of College / High School	Location

Years Completed	Degree/Major	G.P.A.

Diploma obtained?     Yes     No

## MILITARY SERVICE

Have you ever served in the U.S. military?     Yes     No

*NOTE: If you answered "no" to the above question, please skip the rest of this section.*

What was the length of your military service?                  years,                  months

What was your rank at time of discharge?

What type of training and work experience did you receive while in the military?

Describe how you most benefited from being in the service:

Describe how you least benefited from being in the service:

## EMPLOYMENT HISTORY

Employer	Supervisor
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Address	Phone
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Position Title and Duties

Starting Date	Ending Date
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Why did you leave this job?

May we contact this employer?  Yes  No  Later

Employer	Supervisor
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Address	Phone
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Position Title and Duties

Starting Date	Ending Date
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Why did you leave this job?

May we contact this employer?  Yes  No  Later

Employer	Supervisor
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Address	Phone
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Position Title and Duties

Starting Date	Ending Date
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Why did you leave this job?

May we contact this employer?  Yes  No  Later

## REFERENCES

Name	Phone Number	Years Known

## ADDITIONAL INFORMATION

You may exclude information which would reveal sex, race, religion, national origin, age, color, disability, sexual orientation or other protected status.

Awards or Honors Received:

Professional or Civic Activities:

Licenses or Certifications

Activities or Sports You Participate(d) In

Do you have any foreign language skills?  No  Yes—Specify:

Can you perform all necessary job functions with or without reasonable accommodation?

Yes  No

## PROFESSIONAL PROFILE

Please answer all questions in this section. You may exclude information which would reveal sex, race, religion, national origin, age, color, disability, sexual orientation or other protected status.

What are your main areas of professional interest?

Why do you want to leave your current employer (if any)?

Why do you want to work for Gilco/Gillbuilt?

Explain a piece of criticism you have received and how you responded to it.

In what work setting or environment do you prefer to work?

Explain one of your greatest professional accomplishments and why it was so great.

Explain a time where you failed and how you dealt with that failure.

Career Goals and Aspirations

## APPLICANT'S STATEMENT

I certify that the information provided in this application is true, to the best of my knowledge.

I understand that providing false or misleading information at any time during the application and interview process may lead to refusal to hire or discharge from the Company. If I become employed by the Company, I agree to follow all rules and regulations of the Company as they develop and change.

I allow the Company to conduct investigations on me, my background and my performance, and am aware that such investigations will become a part of my employment record. With this, I authorize the Company to speak with my acquaintances, personal and professional, to gather information about me.

I authorize all former employers and references to provide any information about me to the Company, and release them of liabilities and damages of all kinds for providing this information. I authorize the Company to verify the accuracy of the information within this application. I also authorize the release of my educational transcripts to the Company for education verification purposes.

I release Gilco Trucking/Gillbuilt Transportation from liability for collecting information about me and using it to make employment decisions.

If I become employed by the Company, I understand that the employment relationship will be "at will," and that the "at will" status may not change at any time unless specifically approved, in writing, by the CEO of the Company.

I agree that if I become indebted to the Company, I will be responsible for repaying the total owed upon termination from the Company.

This application for employment is valid for the next 90 days. I understand that if I wish to be considered for employment after this period of time, I must apply again.

Signature of Applicant

Date

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If applying for a driving position please complete the following information.

Accident Record For The Past 5 Years or More, If None Write None

Dates	Nature of Accident, Please Describe	Ticket Issued
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Traffic Convictions or Forfeitures for the Past 5 Years, If None Write None

Location	Date	Charge	Penalty

List All Drivers Licenses and permits held in the past 5 years

Issuing State	License Number	Type	Expiration Date

Please answer the following questions:

- A. Have you ever been denied a license, permit or privileges to operate a motor vehicle? Yes No
- B. Has any license or permit or privilege ever been suspended or revoked? Yes No
- C. Have you ever been disqualified to drive by Federal Requirements? Yes No
- D. Have you ever tested positive for a controlled substance? Yes No
- E. Have you ever had an alcohol test with a Breath Alcohol Concentrate of 0.04 or greater? Yes No
- F. Have you ever refused a required test for drug or alcohol? Yes No

If the answer to A, B, C, D, E, or F is yes please give details: \_\_\_\_\_

I authorize and understand that my driving record will be obtained for employment purposes.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_