

# Employment Application



All qualified applicants will receive consideration for employment without regard to race, color, religion, gender, gender identity or expression, sexual orientation, national origin, genetics, disability, age, or veteran status.

## OFFICE USE ONLY

Referred By	<input type="text"/>	Date of Interview	<input type="text"/>
Applying For	<input type="text"/>		

\* Required Field

## APPLICANT INFORMATION

Last Name*	<input type="text"/>	First Name*	<input type="text"/>	M.I.	<input type="text"/>	Date of Birth*	<input type="text"/>
Street Address*	<input type="text"/>					Apt/Unit #	<input type="text"/>
City*	<input type="text"/>			State*	<input type="text"/>	ZIP*	<input type="text"/>
E-mail Address							
Home Phone	<input type="text"/>			Mobile Phone	<input type="text"/>		
Date Available*	<input type="text"/>	SSN	<input type="text"/>		Desired Salary	<input type="text"/>	
Driver's Lic. #	<input type="text"/>		State	<input type="text"/>	Driver's Licence Valid?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you a citizen of the United States?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If NO are you authorized to work in the US?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If you are under 18 years of age, can you provide a work permit?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If not, why? <input type="text"/>				
Have you previously worked for MN Services?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If so, when? <input type="text"/>				
Have you ever been convicted of a felony?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If YES, explain? <input type="text"/>				

Answering "YES" to the above listed question does not constitute an automatic rejection of your application. Date, nature and gravity of the offence, as well as rehabilitation will be taken into consideration.

Type of employment desired?  Full-Time  Part-Time  Temporary  Seasonal

## REFERENCES - PLEASE LIST THREE (3) REFERENCES

May we contact your references?  YES  NO

Full Name	<input type="text"/>	Relationship	<input type="text"/>
Company	<input type="text"/>	Phone	<input type="text"/>
Full Address			
Full Name	<input type="text"/>	Relationship	<input type="text"/>
Company	<input type="text"/>	Phone	<input type="text"/>
Full Address			
Full Name	<input type="text"/>	Relationship	<input type="text"/>
Company	<input type="text"/>	Phone	<input type="text"/>
Full Address			

**AVAILABILITY - PLEASE LIST THE AREA(S), DAYS AND TIMES THAT YOU ARE AVAILABLE FOR WORK**

Area(s) you are willing to travel to*		<input type="text"/>
Monday	<input type="checkbox"/> YES <input type="checkbox"/> NO	Time(s) Available <input type="text"/>
Tuesday	<input type="checkbox"/> YES <input type="checkbox"/> NO	Time(s) Available <input type="text"/>
Wednesday	<input type="checkbox"/> YES <input type="checkbox"/> NO	Time(s) Available <input type="text"/>
Thursday	<input type="checkbox"/> YES <input type="checkbox"/> NO	Time(s) Available <input type="text"/>
Friday	<input type="checkbox"/> YES <input type="checkbox"/> NO	Time(s) Available <input type="text"/>
Saturday	<input type="checkbox"/> YES <input type="checkbox"/> NO	Time(s) Available <input type="text"/>
Sunday	<input type="checkbox"/> YES <input type="checkbox"/> NO	Time(s) Available <input type="text"/>

**PREVIOUS EMPLOYMENT - BEGIN WITH THE MOST RECENT POSITION**

From	<input type="text"/>	To	<input type="text"/>	Supervisor	<input type="text"/>
Company	<input type="text"/>			Phone	<input type="text"/>
Full Address	<input type="text"/>				
Job Title	<input type="text"/>	Starting Salary	<input type="text"/>	Ending Salary	<input type="text"/>
Responsibilities	<input type="text"/>				
Reason for Leaving	<input type="text"/>			May we contact your supervisor?	<input type="checkbox"/> YES <input type="checkbox"/> NO

From	<input type="text"/>	To	<input type="text"/>	Supervisor	<input type="text"/>
Company	<input type="text"/>			Phone	<input type="text"/>
Full Address	<input type="text"/>				
Job Title	<input type="text"/>	Starting Salary	<input type="text"/>	Ending Salary	<input type="text"/>
Responsibilities	<input type="text"/>				
Reason for Leaving	<input type="text"/>			May we contact your supervisor?	<input type="checkbox"/> YES <input type="checkbox"/> NO

From	<input type="text"/>	To	<input type="text"/>	Supervisor	<input type="text"/>
Company	<input type="text"/>			Phone	<input type="text"/>
Full Address	<input type="text"/>				
Job Title	<input type="text"/>	Starting Salary	<input type="text"/>	Ending Salary	<input type="text"/>
Responsibilities	<input type="text"/>				
Reason for Leaving	<input type="text"/>			May we contact your supervisor?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge. I authorize **GMG Services LLC** to make such investigations and enquiries of my personal, financial and other related matters as may be necessary for an employment decision. I hereby release employers, schools and/or individuals from all liability when responding to enquiries related to my application.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in the termination of my employment with **GMG Services LLC**.

Signature	<input type="text"/>	Date*	<input type="text"/>
-----------	----------------------	-------	----------------------