

# GEORGE'S TOOL RENTAL, INC.

# EMPLOYMENT APPLICATION

We are an Equal Opportunity Employer. All applicants are considered without regard to race, color, religion, sex, national origin, age, or any other basis protected by federal, state, or local law. This employment application is only active for 30 days. After this time period a separate employment application must be submitted in order to be considered for employment.

## PERSONAL

PLEASE PRINT CLEARLY

Date \_\_\_\_\_

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
Street Address \_\_\_\_\_ Social Security No. \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

How did you find out about this job?  Internet  Referral  Other \_\_\_\_\_

If hired do you have a reliable means of transportation to get to work?  Yes  No What is it? \_\_\_\_\_

Minimum salary expected \_\_\_\_\_ Are you at least 18 years old?  Yes  No

If the job you are applying for requires driving: Driver's License No. \_\_\_\_\_ State Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_

Have you been convicted of a crime, other than a minor traffic violation, in the last ten years?  Yes  No If yes, state the nature of the offense and disposition of the case. Include dates and places. (NOTE: The existence of a criminal record does not constitute an automatic bar to employment. \_\_\_\_\_  
\_\_\_\_\_

## EMPLOYMENT DATA

Are you seeking:  Temporary  Full-time  Part-time What position(s) are you applying for? \_\_\_\_\_

What hours and shift(s) would you prefer to work? \_\_\_\_\_

What hours and shift(s) would you prefer not to work? \_\_\_\_\_

Please indicate any shift(s) you would not be available to work? \_\_\_\_\_

Are you willing to work overtime?  Yes  No Weekends?  Yes  No Holidays?  Yes  No

Are you currently employed?  Yes  No If hired, when would you be able to start? \_\_\_\_\_

Have you ever worked for this organization before?  Yes  No If yes, name used: \_\_\_\_\_

List any friends or relative employed by this company: \_\_\_\_\_

Are you on layoff and subject to recall?  Yes  No I understand that a pre-employment drug test will be required.  Yes  No

Have you ever been discharged or asked to resign for any position?  Yes  No If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

How many days have you missed from school or work within the last year other than approved vacation, sick, or disability leave? \_\_\_\_\_

How many days have you been late from school or work within the last year other than approved vacation, sick, or disability leave? \_\_\_\_\_

Please describe: \_\_\_\_\_

If applicable, please refer to the attached job description for the position for which you are applying. Are you able to perform all these tasks with or without reasonable accommodation?  Yes  No Please describe which tasks, if any, you will need an accommodation to perform, and explain what type of accommodation you will need: \_\_\_\_\_  
\_\_\_\_\_

## EDUCATION (Circle highest level attained.)

Elementary: 1 2 3 4 5 6 7 8 Secondary: 9 10 11 12 G.E.D. College: 1 2 3 4 5 6 7 8

Name of School: \_\_\_\_\_ Name of School: \_\_\_\_\_ Name of School: \_\_\_\_\_

Location of School: \_\_\_\_\_ Location of School: \_\_\_\_\_ Location of School: \_\_\_\_\_

If currently in high school, are you enrolled in a recognized co-op program?  Yes  No Degree & Major: \_\_\_\_\_

If yes, identify program and school: \_\_\_\_\_ Minor: \_\_\_\_\_

**WORK HISTORY** (Please list your last four employers. Begin with the most recent.)

1. Company \_\_\_\_\_ Phone No. with Area Code ( \_\_\_\_\_ ) \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary: Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor's Name & Title \_\_\_\_\_  
Describe duties briefly: \_\_\_\_\_  
Specific reason for leaving: \_\_\_\_\_

2. Company \_\_\_\_\_ Phone No. with Area Code ( \_\_\_\_\_ ) \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary: Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor's Name & Title \_\_\_\_\_  
Describe duties briefly: \_\_\_\_\_  
Specific reason for leaving: \_\_\_\_\_

3. Company \_\_\_\_\_ Phone No. with Area Code ( \_\_\_\_\_ ) \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary: Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor's Name & Title \_\_\_\_\_  
Describe duties briefly: \_\_\_\_\_  
Specific reason for leaving: \_\_\_\_\_

4. Company \_\_\_\_\_ Phone No. with Area Code ( \_\_\_\_\_ ) \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary: Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor's Name & Title \_\_\_\_\_  
Describe duties briefly: \_\_\_\_\_  
Specific reason for leaving: \_\_\_\_\_

May we contact all of the employers listed above?  Yes  No If not, tell us which one(s) you do not wish us to contact and why.

How many jobs have you had in the last five years not listed above? \_\_\_\_\_

Why are you seeking a new position at this time? \_\_\_\_\_

List any business-related outside interests and organizations you're active in: \_\_\_\_\_

**PLEASE READ THE FOLLOWING CAREFULLY, THEN SIGN AND DATE THE APPLICATION.**

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. 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. I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report deemed necessary through various third party sources. As required by law, upon request within a reasonable period of time, I will be notified as to the nature and scope of such investigations. I hereby agree to submit to any drug alcohol test required of me, whether prior to my employment or if employed by this company at any time thereafter. I understand and expressly agree that if employed by the company, storage areas provided for me (locker, desk, etc.) are open to investigation or search by the company without prior notice to me. I further understand this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is for an indefinite period of time and the company may change wages, benefits, and conditions at any time. My employment is at will. No individual with the company is authorized to change the employment-at-will status except any officer of the company, who may do so only in writing. I have read and understand the above.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_