

Granville

Employment Application



Personal Information		
Last	First	MI
Home Address		Apt#
City	State	ZIP
Position Desired		Salary Desired
Phone (Home)	(Cell)	Email
Have you ever applied for this company?	<i>If yes, list location.</i>	
Have you ever worked for this company?	<i>If yes, list dates and location.</i>	
Are you under the age of 18?	<i>If yes, can you provide a work permit?</i>	

Availability for Work								
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Notes
AM/PM								
Date available to start?								
Do you have reliable transportation to and from this job?								

Work Experience				
Employer		Dates Employed		Duties Performed
Address		From	To	
Telephone Number				
Job Title				
Supervisor				
Reason for Leaving				
Employer		Dates Employed		Duties Performed
Address		From	To	
Telephone Number				
Job Title				
Supervisor				
Reason for Leaving				
Employer		Dates Employed		Duties Performed
Address		From	To	
Telephone Number				
Job Title				
Supervisor				
Reason for Leaving				

Ability to Perform

Are you able to perform the essential functions of the job for which you are applying, either with or without a reasonable accommodation? Y / N

If no, please describe the functions that cannot be performed: _____ (NOTE: we comply with the ADA and applicable state law and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. New Hire may be subject to passing a medical examination; and to skill and agility tests. If the applicant requires/requests any work accommodations, he/she will be required to provide the company with a doctor's note after the job offer is accepted but before performing any work.)

References

Please list the names and information of three persons, not related to you, that you have known for longer than one year.

Name	Phone Number	Occupation	Relationship	Years Known
1				
2				
3				

Education

School	Name	City/State	Degree
High School			
College			
Business/Trade			

Additional Information

Special training or qualifications

Military Service (Describe relevant skills gained during your service)

Authorization

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application may be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand that my employment would be 'at will' and can be terminated by either the company or me at any time, for any reason.

Signature _____

Date _____