



Application for Employment

Equal Opportunity Employer

Personal Information

Name (LAST NAME FIRST)		Social Security Number	
Address	City	State	Zip Code
Home Phone Number	Cell Phone Number		
Driver's License/Identification No.	Referred By		

Employment Desired

Position	Date You Can Start	Salary Desired
Are you employed? <input type="checkbox"/> YES <input type="checkbox"/> NO	If so, may we inquire of your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Education History

Name & Location of School	Years Attended	Did You Graduate?	Subjects Studied
High School			
College			
Trade, Business or Correspondence School			

General Information

Subjects of Special Study/Research Work or Special Training/Skills	
U.S. Military or Naval Service	Rank

Former Employers

Date (Month & Year)	Name & Phone Number	Salary	Position	Reason for Leaving	May we Contact?
From					
To					
From					
To					

References (Give the names of three persons not related to you, whom you have known at least one year.)

Name	Phone Number	Business	Years Known

Criminal History

Have you ever been convicted of a felony?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	If yes, please explain...
Are you legally eligible for employment in this country?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	

Employee Agreement and Consent to Drug and/or Alcohol Testing

I hereby agree, upon a request made under the drug/alcohol testing policy of Gulf Coast Modification, to **submit to a drug and/or alcohol test before I am eligible for employment.** I also consent to random drug and/or alcohol testing organized by management. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under company policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination. I further authorize and give full permission to have Gulf Coast Modification release any and all documentation relating to such test.

Signature of Employee

Date

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 shall 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 and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Signature of Employee

Date

DO NOT WRITE BELOW THIS LINE

Remarks

Supervisor's Signature

Date