



Application for Employment

Equal Opportunity Employer

Personal Information

Name (LAST NAME FIRST)		Social Security Number	
Address	City	State	Zip Code
Cell Phone Number/Home Phone number	Email Address		
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 misdemeanor or felony?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	If yes, please explain...
Are you legally eligible for employment In this country?	YES		NO		

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 understand that, as a condition of my consideration for employment with Gulf Coast Modification, L.P., or as a condition of my continued employment with Gulf Coast Modification, L.P., the company may obtain a consumer report that includes, but is not limited to, employment and education verifications, social security verification, criminal and civil history, drug screen, personal interviews, DMV records, any other public records and any other information bearing on my character, general reputation, personal characteristics and trustworthiness.

I hereby authorize and consent to Gulf Coast Modification's procurement of such a report. I understand that, pursuant to the federal Fair Credit Reporting Act, Gulf Coast Modification will provide me with a copy of any such report if the information contained in such report is, in any way, to be used in making a decision regarding my fitness for employment. I further understand that such report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report.

Signature of Applicant or Employee

Date

Printed Name of Applicant or Employee