

Employment Application

Position desired:					Date:				
<input type="checkbox"/> Part time		<input type="checkbox"/> Full time							
Name (Print)		Last			First		Middle		
Present address		Street and number		City		State		ZIP code	
								Length of time there?	
								Years Months	
Previous address		Street and number		City		State		ZIP code	
								Length of time there?	
								Years Months	
Phone no.			Daytime/ cell phone no.			Social Security no.			

Have you ever worked for Gevity before? Yes No
 If yes, please give dates and position:

NOTE: Answering yes to the following two questions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. (Do not include minor traffic infractions and convictions for which the record has been sealed or expunged.)

Have you ever pled guilty or no contest to, or been convicted of, a misdemeanor or felony? Yes No
 If yes, please give the date(s) and details:

Have you been arrested for any matters for which you are out on bail or on your own recognizance pending trial? Yes No
 If yes, please give the date(s) and details:

Previous Employment

Please list the names of your present or previous employers in chronological order with your present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references. [Add additional page if necessary.]

Present or last employer Address		Employed From (mo./yr.)	Pay Start	Your title or position	Exact reason for leaving
City, State, ZIP code					
Phone		To (mo./yr.)	Final	Name and title of last supervisor	
Present or last employer Address		Employed From (mo./yr.)	Pay Start	Your title or position	Exact reason for leaving
City, State, ZIP code					
Phone		To (mo./yr.)	Final	Name and title of last supervisor	
Present or last employer Address		Employed From (mo./yr.)	Pay Start	Your title or position	Exact reason for leaving
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Present or last employer Address	Employed From (mo./yr.)	Pay Start	Your title or position	Exact reason for leaving
City, State, ZIP code		\$		
Phone	To (mo./yr.)	Final	Name and title of last supervisor	
		\$		
Present or Last Employer Address	Employed From (mo./yr.)	Pay Start	Your title or position	Exact reason for leaving
City, State, ZIP code		\$		
Phone	To (mo./yr.)	Final	Name and title of last supervisor	
		\$		
Present or last employer Address	Employed From (mo./yr.)	Pay Start	Your title or position	Exact reason for leaving
City, State, ZIP code		\$		
Phone	To (mo./yr.)	Final	Name and title of last supervisor	
		\$		
Present or last employer Address	Employed From (mo./yr.)	Pay Start	Your title or position	Exact reason for leaving
City, State, ZIP code		\$		
Phone	To (mo./yr.)	Final	Name and title of last supervisor	
		\$		

Have you ever been terminated or asked to resign from any job? Yes No If yes, please explain circumstances:

Please explain fully any gaps in your employment history:

May we contact your current employer? Yes No If No, please explain:

Please indicate any actual experience, special training and qualifications you have which you feel are relevant to the position you are applying for.

Have you ever used another name? Yes No Is any additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your work and educational record? If yes, please explain:

If hired, can you provide proof that you are over 18 years of age? Yes No

Are you capable of satisfactorily performing the essential job duties required by the position you are applying for? Yes No

Do you have transportation to and from work? Yes No

How many days of work have you missed in the last three years due to reasons other than paid holidays and vacation?

Year	Number of days	Year	Number of days	Year	Number of days
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Education

School name	Years completed (Circle One)	Diploma/Degree	Describe course of study or major	Describe specialized training, experience, skills and extra-curricular activities
Elementary:	4 5 6 7 8			
High School:	9 10 11 12			
College/University:	1 2 3 4			
Graduate/Professional:	1 2 3 4			
Trade or Correspondence:				
Other:				

Personal References

Please list persons who know you well—**not** previous employers or relatives

Name	Occupation	Address (Street, City and State)	Phone number	Number of years known

This application will be considered active for a maximum of thirty (30) days. If you wish to be considered for employment after that time, you must reapply.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

Date _____ Signature of Applicant _____