

Application for Employment

PLEASE PRINT

G & G Living Centers, Inc.
PO Box 967
Guttenberg, IA 52052

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Dept.
G & G LIVING CENTERS, INC. IS A SMOKE-FREE AGENCY, PURSUANT TO THE IOWA SMOKE FREE AIR ACT OF 2008.

Position(s) applied for _____ Date of application _____

Referral Source: _____ Newspaper/Ad _____ Internet
_____ G & G Employee (list one name only) _____
_____ Other, please explain _____

NAME _____						
	LAST		FIRST		MIDDLE	
ADDRESS _____						
	STREET		CITY	STATE	ZIP CODE	SOCIAL SECURITY NUMBER
PHONE # () _____		Cell phone # () _____		Email Address _____		

If necessary, best time to call you at home is:___ am/pm.

May we contact you at work? Yes No

If yes, work number and best time to call() _____:___ am/pm.

Have you submitted an application here before? Yes No

If yes, give date(s) and position(s) _____

Have you ever been employed here before?..... Yes No

If yes, give dates.....From ___/___/___ To ___/___/___

Are you legally eligible for employment in this country? Yes No

Date available for work..... ___/___/___ What is your desired salary range?.....\$ _____

Type of employment desired: Full-Time Part-time Temporary or Summer employment

Will you relocate if job requires it? Yes No

Are you able to meet the attendance requirements of the position?..... Yes No

Do you have a record of founded child or dependent adult abuse or have you been convicted of a crime in this state or any other state?..... Yes No

If yes, please provide date(s) and details _____

ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE OF OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

Driver's License number : _____ State _____

Number of moving violations/accidents in the past 36 months: _____

PREVIOUS WORK EXPERIENCE (list last employment first)

1. Company Name: _____

(Street) _____ (City) _____ (State) _____ (Zip) _____

Telephone: _____ Employment Dates: (Mo/Yr): From _____ to _____

Position/Title: _____

Supervisor: _____

Salary or hourly rate: Start at: _____ Left at: _____

Work Performed _____

Reason for leaving: _____

May we contact the above named employer for a reference check? Yes No

2. Company Name: _____

(Street) _____ (City) _____ (State) _____ (Zip) _____

Telephone: _____ Employment Dates: (Mo/Yr): From _____ to _____

Position/Title: _____

Supervisor: _____

Salary or hourly rate: Start at: _____ Left at: _____

Work Performed _____

Reason for leaving: _____

May we contact the above named employer for a reference check? Yes No

3. Company Name: _____

(Street) _____ (City) _____ (State) _____ (Zip) _____

Telephone: _____ Employment Dates: (Mo/Yr): From _____ to _____

Position/Title: _____

Supervisor: _____

Salary or hourly rate: Start at: _____ Left at: _____

Work Performed _____

Reason for leaving: _____

May we contact the above named employer for a reference check? Yes No

Skills and Qualifications

Summarize any special training; skills, licenses and/or certificates that may qualify you as being able to perform the job-related functions in the position for which you are applying.

Educational Background

A. List last three (3) schools attended, starting with most recent. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank. E. Major field of study.

A. School	B. # of Yrs. Completed	C. Degree/Diploma	D. GPA/ Class Rank	E. Major
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College _____

College _____

High School/GED _____

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

NAME	PHONE	NUMBER OF YEARS KNOWN
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Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to cancel further consideration of this application, or immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this application remains current for 12 months. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that just as I am free to resign at any time, my employer reserves the same right to end our employment relationship at any time, with or without notice and with or without cause, for any reason not prohibited by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's Chief Executive Officer.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand, and accept all terms of the above Applicant Statement.

Signature of Applicant _____ Date _____