



GBM SERVICES INC

Employment Application: **GBM SERVICES INC IS AN EQUAL OPPORTUNITY EMPLOYER**

APPLICANT INFORMATION											
Last Name			First			M.I.		Date			
Street Address						Apartment/Unit #					
City			State			ZIP					
Phone			E-mail Address								
Date Available			Social Security No.			Date Of Birth					
Position Applied for						Desired Salary					
Are you a citizen of the United States?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?				
Have you ever been convicted of a felony?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain				
EDUCATION											
High School				Address							
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree	
REFERENCES											
<i>Please list professional references.</i>											
Full Name				Relationship							
Company				Phone		()					
Address											
Full Name				Relationship							
Company				Phone		()					
Address											
Full Name				Relationship							
Company				Phone		()					
Address											



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PREVIOUS EMPLOYMENT										
Company					Phone	()				
Address					Supervisor					
Job Title				Starting Salary	\$			Ending Salary	\$	
Responsibilities										
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Company					Phone	()				
Address					Supervisor					
Job Title				Starting Salary	\$			Ending Salary	\$	
Responsibilities										
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Company					Phone	()				
Address					Supervisor					
Job Title				Starting Salary	\$			Ending Salary	\$	
Responsibilities										
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>					
EMERGENCY CONTACT NAME					PHONE NUMBER					
Name										
Name										
Name										



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DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I authorize investigation of all statements contained herein and all information concerning my previous employment and any pertinent information they may have, personal and otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I understand that before employment, GBM Services Inc. may do a criminal background check on me. I understand that as a condition of ongoing employment, I may be required to participate in future breath, urine, or blood screen tests (or other medical examinations) used to detect alcohol, illegal drugs, or misused prescribed substances. If I refuse to submit to, or release the results of these examinations, or if the test results indicate that I was under the influence of any of these substances, GBM Services Inc. has cause to terminate my employment. I understand that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages or salary, be terminated at any time without any prior notice. I further understand that any benefits may be changed by GBM Services Inc at any time, without any prior notice.

Signature _____

Date _____

DO NOT WRITE BELOW

Interviewed By: _____

Date _____

Hired _____ YES _____ NO

Position: _____ Dept# _____

Account Name/Facility: _____

Salary/Wage Per Hour _____

Start Date _____

Supervisor/Manager Signature _____ Date _____