



As an equal employment opportunity employer, we do not discriminate on the basis of race, color, national origin, age, physical or mental disability, genetic history, marital status, religion, creed, sex, or veteran's status except where the reasonable demands of the job require a distinction to be made.

Please complete this application by typing or printing in ink.
INCOMPLETE or UNSIGNED applications will not be considered.

PERSONAL:

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Email _____

Position Sought _____ Full Time ___ Part Time

Date Available _____ Salary Desired _____

Are you over 18 years old? ___ Yes ___ No

Are you legally eligible for employment in the United States? ___ Yes ___ No

(If offered employment, you will be required to provide documentation to verify eligibility.)

EDUCATION:

High School: No. of Yrs Completed (circle one) 1 2 3 4

Diploma: ___ Yes ___ No G.E.D.: ___ Yes ___ No

School(s) _____ City/State _____

College and/or Vocational School:

Number of Years Completed (circle one) 1 2 3 4

School(s) _____ City/State _____

Major _____ Degrees Earned _____

Other Training or Degrees:

School(s) _____ City/State _____

Course _____ Degree or Certificate Earned _____

PROFESSIONAL LICENSE OR MEMBERSHIP:

Type of License(s) Held _____

License Number _____

License Expiration Date _____

Other Professional Memberships _____

(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.)



Have you ever been employed Garnet USA? Yes No

If so, please state job title and dates of employment: _____

EMPLOYMENT: List most recent employer first, including U.S. Military Service.

May we contact your present employer? Yes No

If any employment was under a different name, indicate name _____

Employer _____
Address _____ City _____ State _____ Zip _____
Phone _____

Dates of Employment: From _____ To _____ FT ___ PT ___ No. of Hrs. ___
Mo/Yr Mo/Yr

Position Held _____ Supervisor _____ Department _____
Duties _____

Reason for Leaving _____

Employer _____
Address _____ City _____ State _____ Zip _____
Phone _____

Dates of Employment: From _____ To _____ FT ___ PT ___ No. of Hrs. ___
Mo/Yr Mo/Yr

Position Held _____ Supervisor _____ Department _____
Duties _____

Reason for Leaving _____

Employer _____
Address _____ City _____ State _____ Zip _____
Phone _____

Dates of Employment: From _____ To _____ FT ___ PT ___ No. of Hrs. ___
Mo/Yr Mo/Yr

Position Held _____ Supervisor _____ Department _____
Duties _____

Reason for Leaving _____

If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper.

Explain any gaps in work history: _____



PROFESSIONAL REFERENCES:

Name _____

Phone (____)_____

Name _____

Phone (____)_____

Name _____

Phone (____)_____

APPLICANT'S CERTIFICATION AND AGREEMENT

The information that you provide on this application is subject to verification. Falsifications or misrepresentations may disqualify you from consideration for employment or, if hired, may be grounds for termination at a later date.

With my signature (typed or written), I certify that all information on this and all attached pages is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I authorize all former employers to release job-related information they have about me and I release all persons or companies from any liability or responsibility for providing such information.

Signature of Applicant _____ Date: _____

**This application for employment is good for 60 days only.
Consideration for employment after 60 days requires a new application.**