***PLEASE COMPLETE ALL INFORMATION REQUESTED***



**APPLICATION FOR EMPLOYMENT**

**PERSONAL**

**PLEASE COMPLETE PAGES 1-5** DATE

Name

Last First Middle Maiden

Present address

Number Street City State Zip

How long Telephone ( )

Social Security No. – –

If hired can you provide proof that you are legally able to work in the United States? Yes No

How were you referred to us?

Advertisement Employment Agency

Other

Days/hours available to work

Position applied for (1)

and salary desired (2) (Be specific)

No Pref

Mon

Tue Wed

Thur

Fri

Sat Sun

Specific skills or training: What knowledge, special skills and/or individual capabilities do you have which especially prepare you for the position applied for?

How many hours can you work weekly?

Can you work nights?

When are you available for work?

 Employment desired: Full-Time Only Part-Time Only Full-Time or Part-Time

 Are you able to perform the essential functions *of* the job for which you are applying? Yes No

 ***(Note: We comply with the Americans with Disabilities Act and consider reasonable accommodation measures that may be***

 ***necessary for eligible applicants to perform essential functions)***

 Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes No

**If yes, please state nature of offense(s), date(s), city, state, and disposition on a separate sheet of paper. *Note: An affirmative answer will not necessarily result in disqualification for employment.***

|  |
| --- |
| **EDUCATION** |
|  | NAME OF SCHOOL | LOCATION(Complete mailing address) | NUMBER OF YEARSCOMPLETED | MAJOR & DEGREE |
| High School |  |  |  |  |
|  |  |  |  |  |
| College |  |  |  |  |
|  |  |  |  |  |
| Bus. or Trade School |  |  |  |  |
|  |  |  |  |  |
| Professional School |  |  |  |  |
|  |  |  |  |  |
| Other |  |  |  |  |
| Please list four (4) references at least two (2) must be prior employers)Name: Name: Company: Company: Address: Address:  Telephone: Telephone: Name: Name: Company: Company: Address: Address:  Telephone: Telephone:  |
| An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying. |

**MILITARY SERVICE**

Have you obtained any special skills or abilities as a result of service in the military?  Yes  No

If yes, please describe:

|  |
| --- |
|  **EMPLOYMENT HISTORY****HISTORY** |
| **Work** Please list your work experience for the past seven (7) years beginning with your most recent job held. In**Experience** addition, please indicate any other experience which you believe is relevant to the position for which you are applying *(e.g.,* volunteer experience, self-employed, military service, experience gained over seven (7) yearsprior, etc.). Attach additional sheets if necessary. |
| ***Answer all the following questions if you are applying for a professional, licensed or certified position***Are you licensed/certified for the job you are applying?  Yes  NoName of license/certification: Issuing state:  License certification number: Has your license/certification ever been revoked or suspended?  Yes  No *If yes, explain*:  |
| Name of employer: Address: City, State, Zip Code: Phone number:  | Name of last supervisor | Employment dates | Pay or salary |
|  | FromTo | StartFinal |
| Your last job title |
| Reason for leaving (be specific) |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. |
| Name of employer: Address: City, State, Zip Code: Phone number:  | Name of last supervisor | Employment dates | Pay or salary |
|  | FromTo | StartFinal |
| Your Last Job Title: |
|  Reason for leaving (be specific) |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. |
| **EMPLOYMENT HISTORY (cont’d)** |
| Name of employer:  | Name of last supervisor | Employment dates | Pay or salary |

|  |  |  |  |
| --- | --- | --- | --- |
| Address: City, State, Zip Code: Phone number:  |  |  |  |
|  | From: To: | Start: Final: |
| Your last job title: |
| Reason for leaving (be specific) |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. |
| Name of employer: Address: City, State, Zip Code: Phone number:  | Name of last supervisor | Employment dates | Pay or salary |
|  | From: To: | Start: Final: |
| Your last job title: |
| Reason for leaving (be specific) |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.May we contact your present employer?  Yes  NoDid you complete this application yourself  Yes  NoIf not, who did?  |

**PLEASE READ CAREFULLY**

**APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by Gemini Tech Services, LLC (“GTS”) (hereinafter called “the Company”), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of GTS, or otherwise to change in any respect the

Employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President of the Company. Both the undersigned and GTS may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be an introductory period of sixty (60) days, and further that at any time during the introductory period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

**Signature of applicant** Date:

GTS is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with GTS depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.