

GOSS ELECTRIC, INC. APPLICATION FOR EMPLOYMENT

PERSONAL	Last Name	First	Middle	Date
	Street Address			Home Telephone Number ()
	City, State, Zip			Business or Cell Phone Number ()
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year _____ Location _____			Social Security #
	Position Desired			Pay Expected
	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States?			When will you be available to begin work? _____
	Have you been convicted of any crimes in the past ten years, excluding misdemeanors and summary offenses, which have not been annulled, expunged or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," describe in full.			Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," with what employers?
	Other special training or skills (languages, machine operation, etc.)			

EDUCATION	School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/Trade/ Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

1	Company Name	Telephone ()
	Address	Employed (Month and Year) From: To:
	Name of Supervisor	Weekly Pay Start Last
	List Your Job Title and Describe Your Work	Reason for Leaving

2	Company Name	Telephone ()
	Address	Employed (Month and Year) From: To:
	Name of Supervisor	Weekly Pay Start Last
	List Your Job Title and Describe Your Work	Reason for Leaving

3	Company Name	Telephone ()
	Address	Employed (Month and Year) From: To:
	Name of Supervisor	Weekly Pay Start Last
	List Your Job Title and Describe Your Work	Reason for Leaving

4	Company Name	Telephone ()
	Address	Employed (Month and Year) From: To:
	Name of Supervisor	Weekly Pay Start Last
	List Your Job Title and Describe Your Work	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	DO NOT CONTACT
	Employer Number(s) _____ Reason _____

MILITARY	Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," in what Branch?
Describe any training received relevant to the position for which you are applying.		

