

APPLICATION FOR EMPLOYMENT

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PERSONAL INFORMATION:

NAME (LAST, FIRST, MIDDLE):		DATE:
PRESENT ADDRESS (STREET, CITY, STATE, ZIP):		
PERMANENT ADDRESS (STREET, CITY, STATE, ZIP):		
PHONE NUMBER: ()	SOC. SEC. #:	
STATE NAME AND RELATIONSHIP OF ANY RELATIVES IN OUR EMPLOY:	REFERRED BY:	

EMPLOYMENT DESIRED:

POSITION:	
DATE YOU CAN START:	SALARY DESIRED:
ARE YOU EMPLOYED NOW?	MAY WE CONTACT YOUR EMPLOYER?
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE?	WHEN?
WHERE?	

EDUCATION:

SCHOOL	NAME AND LOCATION	GRADUATED		MAJOR SUBJECTS	GPA
		YES	NO		
GRAMMAR SCHOOL					
HIGH SCHOOL					
COLLEGE/ UNIVERSITY					
OTHER (SPECIFY)					

LAST NAME	
FIRST NAME	
MIDDLE NAME	

OTHER INFORMATION:

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK:
SPECIAL TRAINING:
ACTIVITIES: (CIVIC, ATHLETIC, ETC.)

EXCLUDE ORGANIZATIONS, THE NAME OR CHARACTER OF WHICH INDICATES THE RACE, CREED, SEX, MARITAL STATUS, AGE, COLOR, OR NATIONAL ORIGIN OF ITS MEMBERS.

(CONTINUED ON OTHER SIDE)

This employment application has been designed for general use throughout the United States. At the time of publication, every effort was made to assure that the form complies with all general and certain state requirements prohibiting employment discrimination. However, legal requirements may vary from state to state and laws change frequently. Rediform assumes no responsibility for inclusion of any questions in this form which violate local, State, and/or Federal laws.

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FORMER EMPLOYERS: LIST THE LAST FOUR EMPLOYERS, STARTING WITH PRESENT OR MOST RECENT.

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM:		\$		
TO:		PER:		
FROM:		\$		
TO:		PER:		
FROM:		\$		
TO:		PER:		
FROM:		\$		
TO:		PER:		

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			

IN CASE OF EMERGENCY, NOTIFY: _____

ADDRESS: _____ **PHONE:** _____

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, AT THE DISCRETION OF THE EMPLOYER, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

SIGNED: _____ **DATE:** _____

APPLICANT - DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY:		DATE:
REMARKS:		
NEATNESS:		
ABILITY:		
HIRED:	DEPT:	POSITION:
START DATE:	SALARY:	
APPROVALS:		
_____	_____	_____
1. EMPLOYMENT MANAGER	2. EMPLOYMENT HEAD	3. GENERAL MANAGER

Reference Check

Employee Name _____ Date _____

Reference. Person Spoken to: _____ Phone # _____

Comments: _____

Employee Name _____ Date _____

Reference. Person Spoken to: _____ Phone # _____

Comments: _____

Employee Name _____ Date _____

Reference. Person Spoken to: _____ Phone # _____

Comments: _____

Reference Check

Employee Name _____ Date _____

Reference. Person Spoken to: _____ Phone # _____

Comments: _____

Employee Name _____ Date _____

Reference. Person Spoken to: _____ Phone # _____

Comments: _____

Employee Name _____ Date _____

Reference. Person Spoken to: _____ Phone # _____

Comments: Very Good Person...



Personal Care

G & J Personal Care, LLC

PO Box 8064

Glendale, Az 85312

Phone: (623) 937- 8844

Fax: (623) 846- 54585

Email: gjpc@cox.net

Website: www.gjpc1.com

Verification of Employment

We are requesting verification of employment on the below individual:

Date of Birth: _____

Position Held: _____

Employment Start Date: _____

Employment Termination Date (if applicable): _____

Please provide the reason for termination (if applicable):

Would you rehire this individual? YES _____ NO _____

What did this individuals job entail? (Job Description):

Name of person completing this form: _____ Signature: _____

Title: _____

Company: _____

Telephone Number: _____

Date: _____

Thank you for taking the time to complete this form. Please fax the completed form to (623) 846-4585, if have any questions, please contact Rose Jeune, the Executive Director of G & J Personal Care at 623-937-8844

Sincerely,

Rose Jeune
Executive Director

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

EMERGENCY CONTACT PERSON: _____
 PHONE NUMBER: _____

P:DAKASISTAFSCHO.XLS