

**APPLICATION FOR EMPLOYMENT**

**Gamka Sales Company, Inc.**



**Name** \_\_\_\_\_  
( Please Print )

**Today's Date** \_\_\_\_\_

Please indicate the position for which you wish to be considered. Applicants are considered only for specific positions. (do not list "any")

\_\_\_\_\_

This application for employment is only active for 45 days from the date of submission. It will be null and void after the 45 days.

**APPLICATION FOR EMPLOYMENT**

**DATE:** \_\_\_\_\_ **POSITION APPLIED FOR:** \_\_\_\_\_

**Referred by:** \_\_\_\_\_ **Date Available for Work:** \_\_\_\_\_

**INSTRUCTIONS:** Please read carefully. Every item on this form must be answered to the best of your ability. Please print and use a pen. Your qualifications will be carefully reviewed and you will be given thorough consideration for the position for which you have applied. Upon employment, this application will become part of your permanent record at Gamka Sales Company, Inc. Keep this in mind as you complete it. **Special Note:** *You are not required to supply any information that is prohibited by Federal, State, or Local law. We are an Equal Opportunity Employer. Gamka Sales Company, Inc. does not discriminate on the basis of race, color, religion, gender, national origin, pregnancy, marital status, citizenship, age, disability, veteran status, or any other legally protected class. You may request assistance in completing this application.*

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**PERSONAL**

Name \_\_\_\_\_ Telephone Number: ( ) \_\_\_\_\_

                    First                    M.I.                    Last  
Street \_\_\_\_\_ Box \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Cell/Digital Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_@\_\_\_\_\_

Are you over 18 years old? YES NO      Are you legally entitled to work in the United States? \*\*  yes  no  
\*\*Compliance with I-9 requirements is mandatory, upon employment

Complete this section only, if job position applies:

Have your driving privileges ever been revoked or suspended?  yes  no If yes, list here when and why: \_\_\_\_\_

Do you currently hold a Commercial Driving License (CDL)?  yes  no

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**EDUCATION**

High School (Name and Address) \_\_\_\_\_

Did you graduate? \_\_\_\_\_ If no, last grade completed \_\_\_\_\_ G.E.D. Obtained? \_\_\_\_\_

College (Name and Address) \_\_\_\_\_

College (Name and Address) \_\_\_\_\_

Did you graduate? \_\_\_\_\_ If no, number of hours completed \_\_\_\_\_ Degree \_\_\_\_\_

Major \_\_\_\_\_ Minor \_\_\_\_\_ If attending, date of expected graduation \_\_\_\_\_

Other Education \_\_\_\_\_

License(s), including the state of issue and the number: \_\_\_\_\_

**GENERAL EMPLOYMENT INFORMATION**

- 1. List here all of the equipment with which you have experience and training. (Examples: small tools, forklift, calculator, computer, etc.): \_\_\_\_\_

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- 2. Salary Expected \_\_\_\_\_ / hour \_\_\_\_\_ or \_\_\_\_\_ /week Number of hours you are available per week? \_\_\_\_\_ No Preference
- 3. Type of work sought:  regular full time  regular part time  temporary  seasonal  as needed
- 4. Which of the following are you available: **Days:**  yes  no **Nights:**  yes  no **Weekends:**  yes  no  
**Holidays:**  yes  no
- 5. Indicate hours you are available to work on the following days (or check *Anytime*, if you have no restrictions):  
Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_ to \_\_\_\_\_ to \_\_\_\_\_ to \_\_\_\_\_ to \_\_\_\_\_ to \_\_\_\_\_  
 Anytime  Anytime  Anytime  Anytime  Anytime  Anytime  Anytime
- 6. Are you currently under a non-compete agreement that will prevent you from working for any business in our industry?  
 yes  no If yes, please explain and list the date the agreement expires: \_\_\_\_\_  
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**EXPERIENCE: List below all present and past employment, beginning with your most recent employer**

- 1. Employer \_\_\_\_\_ Starting Salary \_\_\_\_\_ per hour or week  
Address \_\_\_\_\_ Last Salary \_\_\_\_\_ per hour or week  
Kind of Business \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Reason for Leaving:  Quit  Discharge  Retired  
Dates Employed \_\_\_\_\_ to \_\_\_\_\_  Laid Off Why? \_\_\_\_\_  
For Job Reference, call \_\_\_\_\_ at \_\_\_\_\_  
 Please do not contact this employer. Why not? \_\_\_\_\_  
.....
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Address \_\_\_\_\_ Last Salary \_\_\_\_\_ per hour or week  
Kind of Business \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Reason for Leaving:  Quit  Discharge  Retired  
Dates Employed \_\_\_\_\_ to \_\_\_\_\_  Laid Off Why? \_\_\_\_\_  
For Job Reference, call \_\_\_\_\_ at \_\_\_\_\_  
 Please do not contact this employer. Why not? \_\_\_\_\_  
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Dates Employed \_\_\_\_\_ to \_\_\_\_\_  Laid Off Why? \_\_\_\_\_  
For Job Reference, call \_\_\_\_\_ at \_\_\_\_\_  
 Please do not contact this employer. Why not? \_\_\_\_\_

**In the following space, please describe how our company will benefit from your work here.**

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**Please list the name, address and contact information of three references who can attest to your knowledge, skill and ability to perform the work for which you are applying. We are seeking business related references, not personal references.**

Name: \_\_\_\_\_ Phone No. (\_\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Location: \_\_\_\_\_ Position: \_\_\_\_\_

Name: \_\_\_\_\_ Phone No. (\_\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Location: \_\_\_\_\_ Position: \_\_\_\_\_

Name: \_\_\_\_\_ Phone No. (\_\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Location: \_\_\_\_\_ Position: \_\_\_\_\_

**CONDITIONS OF EMPLOYMENT**

- I. The facts as stated on this application are true and correct. I understand that, if employed, false statements on this application may cause my immediate dismissal.
- II. I authorize such background and personal reports as deemed necessary to verify that the information I have supplied is true and accurate and to determine my fitness for this job and hold harmless those who have the responsibility to develop such a report. A copy of this authorization is as valid as the original.
- III. I understand that I may be required to work overtime as a condition of being employed.
- IV. In consideration of my employment, I agree to conform to the rules and regulations for employees. I understand I am an employee at-will, and that this application is not a contract of employment with Gamka Sales Company, Inc., and that my employment and compensation can be terminated, with or without cause, at anytime, at the option of either Gamka Sales Company, Inc., or me. I understand that no representative of Gamka Sales Company, Inc., has any authority to enter into any verbal agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and that no document, policy or practice of Gamka Sales Company, Inc., may change the foregoing unless it is expressly titled "Employment Agreement" and signed by both myself and the President of Gamka Sales Company, Inc.
- V. I understand that I will be required to submit to a pre-employment substance abuse test, once an offer has been made, and/or post-employment test for substance abuse, if not prohibited by law.
- VI. Upon separation of employment, I authorize Gamka Sales Company, Inc., to withhold from my final pay check any monies owed to them by me (if not prohibited by law) for equipment, loans, products, services, materials or other assets in my possession not promptly returned or repaid as agreed.
- VII. As a condition of employment, I accept that any complaint or conflict that cannot be resolved internally may be referred to Alternative Dispute Resolution, unless prohibited by law.

**DATE** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_