



EMPLOYMENT APPLICATION

PERSONAL INFORMATION:

Last Name		First	Middle	Date
Street Address				Home Telephone ()
City, State, Zip				Cell Phone ()
Have you ever applied for employment with GT Distributors? Yes___ No___				Social Security #
Position for which you are applying:				Salary expectation:
Are you available for full-time work? Yes___ No___ If not, what hours are you available?				Are you available for overtime if asked? Yes___ No___
Are you legally eligible for employment in the United States?				Date 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? Yes___ No___ If yes, please describe:				Are you or have you ever been bonded? Yes___ No___ If yes, name Employer:

EDUCATION INFORMATION:

School	Name/Location of School	Years completed	Did you graduate	Course of Study Degree or diploma?
Graduate school				
College				
Business/Trade/Technical				
High School				
Other special training or skills you may have (ie, language, machine operation, etc)				State Drivers License Number: State

MILITARY SERVICE INFORMATION:

Have you served in the US Armed Forces? Yes___ No___	If Yes, which branch:
Describe special training you received that might be relevant to the position applied for:	

EMPLOYMENT INFORMATION:

Please fill in your complete full-time and part-time employment record. Please start with most recent employer.

Company Name:	Telephone:
Address:	Employment period (Month and Year): From To
Supervisor's Name:	Weekly pay: Start Last
State Your Job Title and Describe the Work Involved:	Reason for leaving:

Company Name:	Telephone:
Address:	Employment period (Month and Year): From To
Supervisor's Name:	Weekly pay: Start Last
State Your Job Title and Describe the Work Involved:	Reason for leaving:

Company Name:	Telephone:
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Address:	Employment period (Month and Year): From To
Supervisor's Name:	Weekly pay: Start Last
State Your Job Title and Describe the Work Involved:	Reason for leaving:

We may choose to contact the employers listed above, unless you indicate those you do not want contacted. Please indicate to right those you do not want us to contact.

Employer:
Reason: