SEMPLOYMENT 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 Distribution	itors?		Social Security #
Yes No			
Position for which you are applying:			Salary expectatiion:
Are you available for full-time work?			Are you available for overtime if asked? Yes No
Yes No If not, what hours are you available?	tata 2		Data available to begin work.
Are you legally eligible for employment in the United St	ates?		Date available to begin work:
Have you been convicted of any crimes in the past ten annulled, expunged or sealed by a court? YesN	years, excluding misdemeanors and sur lo If yes, please describe:	mmary offenses, which have not been	Are you or have you ever been bonded? Yes No If yes, name Employer:

itors, inc.

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

MILITARY SERVICE INFORMATION:		
Have you served in the US Armed Forces?	If Yes, which branch:	
Yes No		
Describe special training you received that might be relevant to the position applied for:		

EMPL	OYME	NT INFO	ORMAT	ION:
------	-------------	---------	-------	------

Please fill in your complete full-time and parttime 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:
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:

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: