



**Employment Application** An Equal Opportunity Employer

**Please Print**

\_\_\_\_\_  
Date Last Name First Name Middle

Present Address

\_\_\_\_\_  
No. & Street City State Zip

Permanent Address (if different from present address)

\_\_\_\_\_  
No. & Street City State Zip

(\_\_\_\_) \_\_\_\_ - \_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Home Phone Cell Phone

**Employment Desired**

Position applying for: \_\_\_\_\_

**Personal Information**

Have you ever applied to or worked for GNB Corporation before? Yes or No (Circle One)

If yes, when? \_\_\_\_\_

Do you have any friends or relatives working for GNB Corporation? Yes or No (Circle One)

If yes, state name(s) and relationship:

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Name Relationship

Why are you applying for work at GNB Corporation?

\_\_\_\_\_  
If hired, would you have a reliable means of transportation to and from work? ..... Yes or No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) ..... Yes or No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? ..... Yes or No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? ..... Yes or No

If no, describe the functions that cannot be performed.

\_\_\_\_\_

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)



**GNB Employment Application** — Page 3 of 4

**Employment History**

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

_____ (____) ____ - _____ Name of Employer Telephone No.	
_____	_____
Type of Business	Your Supervisor's Name
_____	_____ - _____
Address & Street	City State Zip
Dates of Employment: _____	Weekly Pay: _____
From To	Starting Ending
_____	
Your Position and Duties	
_____	
Reason for Leaving	
May we contact this employer for a reference? ..... Yes or No	

_____ (____) ____ - _____ Name of Employer Telephone No.	
_____	_____
Type of Business	Your Supervisor's Name
_____	_____ - _____
Address & Street	City State Zip
Dates of Employment: _____	Weekly Pay: _____
From To	Starting Ending
_____	
Your Position and Duties	
_____	
Reason for Leaving	
May we contact this employer for a reference? ..... Yes or No	

Note: Attach additional page(s) if necessary.

**References**

List below three persons not related to you who have knowledge of your work performance within the last three years.

_____ (____) ____ - _____ First Name Last Name Telephone No.	
_____	_____ - _____
Address & Street	City State Zip
_____	_____
Occupation	No. of Years Acquainted
_____ (____) ____ - _____ First Name Last Name Telephone No.	
_____	_____ - _____
Address & Street	City State Zip
_____	_____
Occupation	No. of Years Acquainted

