

Application for Employment

Instructions: Complete all necessary information. You may be asked to provide additional information on another form. This application will be kept on file. It is to your advantage to periodically check to keep it current and active. Be sure to sign and date the application. Please print.

Name \_\_\_\_\_ For Office Use Only

Social Security # \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Applicant # \_\_\_\_\_

Address \_\_\_\_\_ Employee # \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Hire Date \_\_\_\_\_

Position applied for \_\_\_\_\_ Shift preferred 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ Any \_\_\_ Position \_\_\_\_\_

Would you accept full-time work? Rate \_\_\_\_\_

\_\_\_ Yes \_\_\_ No Class \_\_\_\_\_

Would you accept part-time work? Skill \_\_\_\_\_

\_\_\_ Yes \_\_\_ No Other \_\_\_\_\_

Have you ever been employed here before? \_\_\_ No \_\_\_ Yes If yes, please give

approximate dates of prior employment at this Company \_\_\_\_\_ Note: \_\_\_\_\_

\_\_\_ See Resume attached. \_\_\_\_\_

(Go directly to "Additional Information" Section when Resume is attached).

Educational Background

(Circle highest level completed)

Grammar School 5 6 7 8 Vocational training? \_\_\_\_\_

High School 9 10 11 12 Graduate degree? \_\_\_\_\_

College 1 2 3 4 Training in what field? \_\_\_\_\_

Name of last School attended \_\_\_\_\_

Personal References

(Other than family members or previous employers)

Attachments

1. Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Resume \_\_\_\_\_

Address \_\_\_\_\_ Applicant Ref Ck \_\_\_\_\_

2. Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Applicant Interview  
 Address \_\_\_\_\_ Payroll Change Not.

3. Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Employee DataCard  
 Address \_\_\_\_\_

## Previous Employers and Their Addresses

Place an X by the Employer(s) you *do not* want us to contact. List the most recent Employer first.

1. Company Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Address \_\_\_\_\_ Employed From \_\_\_\_\_ To \_\_\_\_\_  
 Position \_\_\_\_\_ Reason for Leaving \_\_\_\_\_ Last Wage \_\_\_\_\_
2. Company Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Address \_\_\_\_\_ Employed From \_\_\_\_\_ To \_\_\_\_\_  
 Position \_\_\_\_\_ Reason for Leaving \_\_\_\_\_ Last Wage \_\_\_\_\_

Do you have a legal right to be employed in the U.S.?  Y  N (If yes, proof if required)

Are you of legal age to work?  Y  N

## Additional Information

To The Applicant: Read this Section carefully before answering any of the questions in this area. Answer the following questions only if the **red** box on the left of a question is checked. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex, or national origin. Federal Laws also prohibit other types of discrimination, such as age, citizenship, disability, veteran status, attainment of benefits, or participation in union activities. The laws of many States and Localities also prohibit some or all of these types of discrimination, as well as prohibiting additional types of discrimination, such as discrimination based on ancestry, parental or marital status, sexual orientation, or source of income. Only those questions checked below by the employer are believed by the employer to be needed for a legally permissible reason.

Other bonafide occupation questions may be listed below by the employer. Answer only those questions with the **red** box at left checked:

- Are you able to lift 50 lbs. without accommodation?  
 \_\_\_\_\_  
 \_\_\_\_\_
- \_\_\_\_\_  
 \_\_\_\_\_
- \_\_\_\_\_  
 \_\_\_\_\_

I understand that the Immigration Reform And Control Act of November 6, 1986, requires me to prove the legality of my residency or citizenship. I am also aware that the failure to provide such proof at the time of request may legally force my termination. To the best of my knowledge, the information contained on this application is true.

# RELEASE AND AUTHORIZATION FORM

## Authorization To Obtain Credit Information

In accordance with the Consumer Credit Reporting Reform Act Of 1996, Section 604(B), I hereby authorize *Gear Technology* and/or its agents to obtain an Employment Insight Credit Report concerning my current credit status. I understand that such an inquiry is relevant to the position for which I am applying. I understand that a credit report will be obtained and that I am entitled to a copy of this report. If adverse action is taken, based in whole or in part on the consumer report, we will provide to you a copy of the consumer report and a summary of the consumer's rights as prescribed by the FCRA. The report will not be used in violation of any Federal or State Laws and/or equal employment opportunity laws or regulations.

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Signature Of Applicant

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Date

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Social Security Number

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Please *Print Full Name*

Address:

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# RELEASE AND AUTHORIZATION FORM

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In accordance with my right to privacy, I have been advised by *Gear Technology* that the information described below is required to assist the same in making an employment advancement determination concerning me and that execution of this form is voluntary.

I hereby authorize any qualified agent bearing this document or a copy thereof, to obtain information from all personnel educational institutions, government agencies, to include the Department Of Justice and the California Youth Authority, companies, corporations, credit reporting agencies, worker's compensation information, law enforcement agencies or individuals relating to my past activities, to supply any and all information concerning my background, and release same from any liability resulting from providing such information. The information received may include, but is not limited to, academic, job performance, attendance, personal history, financial record history, disciplinary and criminal records.

I understand that the information released is for consideration of my employment application, resume, and possibly for the purpose of determining my qualifications for future assignment.

I further hereby release any individual associated with the compilation of such information to include, record custodians, directors, officer, agent, employees, authorized representatives of the same, from any and all liability for damages of whatever kind of nature, which may at any time accrue to me on account of (1) reliance by such person on the information submitted in my employment application; (2) reliance by such persons on the information obtained pursuant to this authorization; (3) compliance with, or any attempt to comply with, this authorization; and (4) termination of my employment based on information obtained after commencement thereof pursuant to validity of this authorization.

I hereby certify that all the statements and answers set forth on this application form and documents signed, are true and complete to the best of my knowledge, and I understand that if subsequent to employment any of such statements and/or answers are found false or that information has been omitted, such false statements or omissions will be just cause for termination of my employment.

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Signature Of Applicant

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Date

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Print Full Name

Address:

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For purposes of gathering this information, I agree to supply the following information which may be required by law enforcement agencies and other entities for positive identification purposes for checking records. It is confidential and will not be used for any other purpose.

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Date Of Birth

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Driver's License Number

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Social Security Number

I understand that nothing contained in this employment application or in the granting of an interview is intended to create a contract between me and this Company for either employment or the provision of any benefits; and further understand that if an employment relationship subsequently is established, I will have the right to terminate my employment at any time and the Company will have a similar right. In addition, I understand that no promise, representation or agreement contrary to the foregoing is binding on the Company unless made in writing and signed by me and an authorized representative of the Company.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_