

**Ghiotto & Associates, Inc.**  
**APPLICATION FOR EMPLOYMENT**  
 (VALID FOR 60 DAYS)

**PERSONAL INFORMATION (Please Print)**

Name _____		Social Security # _____	
Last	First	Middle Initial	Drivers License # (if applicable): _____
Address _____		Telephone #( ) _____	How Long? _____
Former Address _____			How Long? _____

**POSITION INFORMATION**

Position applied for: _____	Salary desired: _____
Date available for work: _____	Are you available to work overtime? ( ) Yes ( ) No
State age if under 18 _____	
Do you want: ( ) Full Time ( ) Part Time - preferred days and hours: _____ ( ) Temporary	
Referral Source: ( ) Ad ( ) Agency ( ) Friend/Relative ( ) Walk-in ( ) Other: _____	
Are you willing to travel, if required by this position? _____ What % of the time? _____	
Are you willing to relocate? _____	
Have you ever applied before or been employed by this Company? ( ) Yes ( ) No	
If yes, please list job(s) and date(s): _____	
List any friends or relatives currently employed by this Company: _____	

**EMPLOYMENT DATA:** Begin with your present or last job and state experience over the past five (5) years. Include military assignments, part-time and/or volunteer activities. Attach a separate sheet if necessary.

Are you employed now? ( ) Yes ( ) No	If yes, may we contact your present employer? ( ) Yes ( ) No
If no, explain why: _____	

<b>1</b>	<b>Current/Most Recent Employer:</b> Name _____	Telephone ( ) _____
	Address _____	Employed (Month & Year) From _____ To _____
	Name of Supervisor and Title _____	Salary Start _____ Last _____
	State Job Title and Describe Your Work _____	Reason for Leaving _____
<b>2</b>	<b>Company Name</b> _____	Telephone ( ) _____
	Address _____	Employed (Month & Year) From _____ To _____
	Name of Supervisor and Title _____	Salary Start _____ Last _____
	State Job Title and Describe Your Work _____	Reason for Leaving _____
<b>3</b>	<b>Company Name</b> _____	Telephone ( ) _____
	Address _____	Employed (Month & Year) From _____ To _____
	Name of Supervisor and Title _____	Salary Start _____ Last _____
	State Job Title and Describe Your Work _____	Reason for Leaving _____

**EDUCATION**

School	Name/City & State	Course of Study	No. of Yrs. Completed	Degree/Diploma Conferred
High School				
College				
Graduate Study				
Other				

**BACKGROUND INFORMATION**

Are there any other experiences, skills or qualifications which you feel would equip you to work for this Company? \_\_\_\_\_

\_\_\_\_\_

List any professional or civic organizations/activities relevant to the position for which you are applying: \_\_\_\_\_

\_\_\_\_\_

Only U.S. citizens or aliens who have the right to work in the U.S. are eligible for employment. Can you, upon employment, submit documentation verifying your legal right to work in the U.S. and your identity? ( ) Yes ( ) No

Are you a veteran of the U.S. Military Service? ( ) Yes ( ) No If yes, which branch? \_\_\_\_\_

Have you ever been convicted of or pled no contest to a crime; ever been a defendant in any civil action for intentional tort; had an adjudication withheld for a criminal offense; entered a pre-trial intervention program; or been placed on court ordered probation? ( ) Yes ( ) No. If yes, state the nature of the offense(s), date(s), city and state and disposition. A conviction or plea record is not an automatic bar to employment and the nature, date, disposition of an offense, and other factors deemed relevant by the employer will be considered as they relate to the job for which you are applying.

\_\_\_\_\_

\_\_\_\_\_

Person to be notified in case of an emergency:

\_\_\_\_\_

Name Relationship

\_\_\_\_\_

Address Telephone Number

\_\_\_\_\_

**NOTICE TO APPLICANTS:** Our Company complies with the Americans with Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination and all information will be kept confidential and in separate files.

**APPLICANT'S STATEMENT**

I understand that misrepresentation, omissions of facts, or incomplete information requested may result in my not being considered for employment.

I certify all statements given herein are true and complete and, if employed, I understand that false and misleading statements given in my application or interview(s) may result in dismissal, regardless of the time they are discovered.

I authorize investigation of all statements contained in this application and any attachments for employment including contact of my previous employers, verification of education, a criminal background check, a consumer credit history, driver's license history and any other information as may be necessary in arriving at an employment decision. I hereby release the Company and all persons and organizations from any and all claims and liability of any kind arising from such investigation or the supplying of information as part of such process.

I understand that I am required to abide by all rules and regulations of the Company, and that my offer of employment may be contingent upon successfully passing a drug screen and other screens. After a conditional job offer, I may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. I understand that if I am employed I will be subject to a 90 calendar day introductory period.

I understand that my employment with the Company is for no specific term and may be terminated by me with or without notice or cause at any time and that the Company has a similar right. I further understand that no oral promise, Company policy, custom, business practice or other procedure constitutes an employment contract or modification of the at-will employment relationship between me and the Company.

\_\_\_\_\_  
Signature of Applicant \_\_\_\_\_  
Date

**FOR COMPANY USE ONLY**

Interviewer's comments, if any \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If hired:** Job Title \_\_\_\_\_ Interviewer Signature \_\_\_\_\_ Date \_\_\_\_\_

Salary \_\_\_\_\_ Date \_\_\_\_\_