



Employment Application

Date _____

PERSONAL INFORMATION

Name		Social security number	
Present address	City	State	Zip code
Phone number		Referred by	

EMPLOYMENT DESIRED

Position	Date you can start	Wage desired
Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever applied to this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever worked for this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	

FORMER EMPLOYERS (list below last 4 employers)

Date, Month, & Year	Name of employer	Wage	Position	Reason for leaving
From				
To				
From				
To				
From				
To				
From				
To				

GENERAL INFORMATION

List any special training, skills, or certificates applicable to the position for which you are applying:

Can you get on Fort Carson? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can you get on USAFA? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have the tools required to do the job you are applying for? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a lift certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
U.S. Military or Naval service		Rank

FINISHERS

Do you have stilts? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a banjo? <input type="checkbox"/> Yes <input type="checkbox"/> No
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EDUCATION HISTORY

Name & location of school		Years attended	Did you graduate?	Subjects studied
Grammar School				
High School				
College				
Trade, business, or other school				

REFERENCES (give below the names of three persons not related to you, whom you have known at least one year)

Name	Address	Telephone number	Years known

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Date _____

Signature _____

Please return this application via one of the following:

EMAIL: Info@gcpinc.net

FAX: (719)574-1537

Mail or deliver to: General Ceiling and Partitions
1435 Paonia St.
Colo. Spgs, CO 80915