



An Equal Opportunity Employer
 1565 Como Avenue Suite 101
 St. Paul, MN 55108
 (651)644-9919 Fax(651)644-0900

APPLICATION FOR EMPLOYMENT

DATE _____

PERSONAL INFORMATION

Name _____ Social Security # _____

Address _____ Apt # _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Are you 18 years of age or older? Yes No Have you ever worked for GCM before? Yes No

Do you have any lifting restrictions, back injuries, or other preexisting conditions? Yes No

If yes, please specify _____

EMPLOYMENT DESIRED/AVAILABILITY

Position applied for _____ Expected Salary _____

What mode of transportation would you use to get to work _____

Date you can start work _____ Number of hours available each week _____

Please tell us the earliest time and the latest time that you can work each day

Day	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Earliest Start Time							
Latest Finish Time							

EDUCATION

Are you currently a student? Yes No

	School Name & Location	Years Attended	Diploma or Degree
High School			
Further Education			

REFERENCES

Give the names of persons not related to you whom you have known for at least one year

Name	Phone Number	Years Known

EMPLOYMENT HISTORY

Indicate below all work experience beginning with your CURRENT or MOST RECENT position

Company _____ From _____ (mo/yr) To _____ (mo/yr)

Address _____

Name of Supervisor _____ Phone Number _____

Your Position _____ Ending Salary _____

Hours Worked _____ Full Time or Part Time? _____

Job Duties _____

Reason For Leaving _____

May we contact this employer for verification purposes? Yes No

Company _____ From _____ (mo/yr) To _____ (mo/yr)

Address _____

Name of Supervisor _____ Phone Number _____

Your Position _____ Ending Salary _____

Hours Worked _____ Full Time or Part Time? _____

Job Duties _____

Reason For Leaving _____

May we contact this employer for verification purposes? Yes No

Company _____ From _____ (mo/yr) To _____ (mo/yr)

Address _____

Name of Supervisor _____ Phone Number _____

Your Position _____ Ending Salary _____

Hours Worked _____ Full Time or Part Time? _____

Job Duties _____

Reason For Leaving _____

May we contact this employer for verification purposes? Yes No

In case of emergency, notify _____
Full Name Relationship Phone

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if I am employed, falsified statements on this application shall be grounds for dismissal"

This application is not an offer, promise or contract of employment, either expressed or implied

SIGNATURE _____ DATE _____