

Gomer Inc. Employment Application

Gomer Inc

**Women With
Opulence**

APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE PAGES 1-5. DATE _____

Name _____

Last
First
Middle
Maiden

Present address _____

Number
Street
City
State
Zip

How long _____ Social Security No. _____ - _____ - _____

Telephone (____) _____

If under 18, please list age _____

Position applied for (1) _____
 and salary desired (2) _____
 (Be specific)

Days/hours available to work
 No Pref _____ Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When available for work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A FELONY? No Yes

If yes, please explain. _____

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DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's license number _____ State of issue _____ Operator Commercial (CDL) Chauffeur
Expiration date _____

Have you had any accidents during the past three years? How many? _____

Have you had any moving violations during the past three years? How Many? _____

OFFICE ONLY

Typing Yes No _____ WPM
10-key Yes No _____ WPM
Word Processing Yes No _____ WPM
Personal Computer Yes No PC Mac
Other Skills _____

Please list two references other than relatives or previous employers.

Name _____ Name _____
Position _____ Position _____
Company _____ Company _____
Address _____ Address _____
Telephone () _____ Telephone () _____

Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

[Large empty box for additional information]

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MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
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Work experience Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Table with 4 columns: Name of employer, Address, City, State, Zip Code, Phone number; Name of last supervisor; Employment dates (From, To); Pay or salary (Start, Final); Your last job title.

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Table with 4 columns: Name of employer, Address, City, State, Zip Code, Phone number; Name of last supervisor; Employment dates (From, To); Pay or salary (Start, Final); Your last job title.

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact your present employer? [] Yes [] No

Did you complete this application yourself [] Yes [] No

If not, who did? _____

AGREEMENT (PLEASE READ CAREFULLY BEFORE SIGNING)

I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal of hire or termination of my employment.

I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with [Gomer Inc / Women With Opulence] creates an actual or implied contract of employment. I understand that, if I accept employment with [Gomer Inc / Women With Opulence], it will be on an at-will basis. This means that either [Gomer Inc / Women With Opulence] or I have the right to terminate the employment relationship at any time, for any reason, with or without cause.

I agree to submit to drug and alcohol testing, if requested by [Gomer Inc / Women With Opulence]. I release [Gomer Inc / Women With Opulence], and its employees, plus other persons or companies, from any and all liability arising out of or related in any way to such testing.

I authorize [Gomer Inc / Women With Opulence] to investigate information concerning my education, employment experiences and all other aspects of my background relevant to my proposed employment. I release [Gomer Inc / Women With Opulence] and its employees from all liability arising from such investigation.

Signature of applicant _____ **Date:** _____

[Gomer Inc / Women With Opulence] is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with [Gomer Inc / Women With Opulence] depends solely on your qualifications.