

ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO AGE, RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN OR MILITARY STATUS.

## GALFAB APPLICATION FOR EMPLOYMENT

DATE: \_\_\_\_\_

**For Office Use Only:**  
APPLICATION  FILED  
 ACCEPTED  
CLOCK NO. \_\_\_\_\_  
DATE \_\_\_\_\_

LAST NAME	FIRST	MIDDLE	SOCIAL SECURITY NO.	PHONE
PRESENT ADDRESS		CITY	STATE	ZIP CODE
LAST PREVIOUS ADDRESS		CITY	STATE	ZIP CODE
				LIVED HERE HOW LONG? _____ LIVED THERE HOW LONG? _____

POSITION(S) APPLIED FOR: \_\_\_\_\_  FULL TIME  PART TIME RATE OF PAY EXPECTED: \_\_\_\_\_

HAVE YOU WORKED FOR THIS COMPANY BEFORE?  YES  NO IF YES, WHEN? \_\_\_\_\_ HOW DID YOU LEARN ABOUT THE JOB YOU ARE APPLYING FOR? \_\_\_\_\_

LIST ANY RELATIVES OR FRIENDS WORKING FOR THIS COMPANY: \_\_\_\_\_  
LIST SPECIAL SKILLS/MACHINERY YOU CAN OPERATE: \_\_\_\_\_

EDUCATION (NAME AND LOCATION OF SCHOOL)	COURSE OF STUDY	NO. OF YEARS ATTENDED	DID YOU GRADUATE
ELEMENTARY SCHOOL			
HIGH SCHOOL			
COLLEGE			
GRADUATE SCHOOL			
TRADE, BUSINESS, OR OTHER			

WERE YOU IN THE U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO	BRANCH	DATES OF DUTY	RANK AT DISCHARGE
---	--------	---------------	-------------------

LIST DUTIES AND SPECIAL TRAINING: \_\_\_\_\_

IN CASE OF EMERGENCY, THE FOLLOWING PERSON SHOULD BE NOTIFIED:

NAME AND ADDRESS:	RELATIONSHIP:	PHONE:
-------------------	---------------	--------

**APPLICANT: Do not answer any questions in this area unless the employer has checked the box next to the question,** indicating that this information is needed for a bonafide occupational qualification, national security laws, or other legally permissible reasons. The **Civil Rights Act of 1964** prohibits employment discrimination because of race, color, religion, sex, or national origin. **P.L. 90-202** prohibits discrimination because of age to those who are at least 40 but less than 65 years old.

ARE YOU OVER 21?  NO  YES IF NO, HIRE IS SUBJECT TO VERIFICATION THAT YOU ARE OF LEGAL MINIMUM AGE

SEX: MALE  FEMALE  HEIGHT AND WEIGHT: \_\_\_\_\_  DATE OF BIRTH: \_\_\_\_\_

MARITAL STATUS:  SINGLE  MARRIED  DIVORCED  WIDOWED

DATE OF MARRIAGE: \_\_\_\_\_  NO. OF DEPENDENTS: \_\_\_\_\_  SELECTIVE SERVICE CLASSIFICATION \_\_\_\_\_

HAVE YOU EVER BEEN BONDED?  NO  YES IF YES, WHICH JOB(S)? \_\_\_\_\_

HAVE YOU BEEN CONVICTED OF A CRIME IN THE PAST 10 YEARS, EXCLUDING MISDEMEANORS AND SUMMARY OFFENSES?  
 NO  YES IF YES, DESCRIBE CONVICTION: \_\_\_\_\_

**CONTINUED ON OTHER SIDE**

PREVIOUS EMPLOYMENT (NAME & ADDRESS)	DATE (MO & YR)		TYPE OF WORK	WAGE START / FINAL	REASON FOR LEAVING
	FROM	TO			
<input type="checkbox"/>	/	/		/	
<input type="checkbox"/>	/	/		/	
<input type="checkbox"/>	/	/		/	
<input type="checkbox"/>	/	/		/	

**\*\*\*PLEASE NOTE: WE WILL CONTACT YOUR PREVIOUS EMPLOYER(S) UNLESS YOU CHECK THE APPLICABLE BOX(ES).**

DO YOU HAVE ANY PHYSICAL DEFECTS WHICH PRECLUDE YOU FROM PERFORMING CERTAIN KINDS OF WORK?  YES \*\*\*IF YES, DESCRIBE DEFECT AND WORK LIMITATIONS:  NO

USE THIS SPACE TO SUMMARIZE ANY ADDITIONAL INFORMATION NECESSARY TO DESCRIBE YOUR FULL QUALIFICATIONS:

I AGREE THAT ANY FALSE STATEMENT IN THIS APPLICATION SHALL BE SUFFICIENT CAUSE FOR REJECTION OR DISMISSAL. I HEREBY GRANT PERMISSION TO INVESTIGATE ANY OF THE INFORMATION INCLUDED IN THIS APPLICATION AND TO SUBMIT TO MEDICAL EXAMINATION IF REQUIRED. THE USE OF THIS APPLICATION FORM DOES NOT INDICATE THAT THERE ARE POSITIONS OPEN AND DOES NOT IN ANY WAY OBLIGATE THIS COMPANY.

SIGNATURE OF APPLICANT \_\_\_\_\_

**\*\*\*APPLICANT: DO NOT WRITE BELOW THIS LINE.**

APPLICANT INTERVIEWED	INTERVIEW DATE & TIME:	INTERVIEWED BY	TESTS GIVEN:
RESULT OF INTERVIEW / COMMENTS:			

ACCEPTABLE FOR EMPLOYMENT  YES  NO

STARTING DATE                      JOB TITLE                      STARTING RATE                      SHIFT                      EMPLOYEE/CLOCK NO.

DEPARTMENT

APPROVED BY

DATE APPROVED