

Please submit your application via e-mail. [Christine@gecnw.com](mailto:Christine@gecnw.com)

**GEC NW**  
Employment Application

GEC NW, INC.

(Please Print In Ink)

GEC NW, INC. is an equal opportunity employer and considers applications for all positions without regard to race, color, religion, creed, gender, national origin, age, sexual orientation, disability, marital or veteran status, or any other status protected under local, state or federal laws.

Position (s) applied for:	Date of Application:
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How did you learn about us?

Newspaper Advertisement     
  Internet Advertisement     
  GEC NW employee  
 Other     
  Please list name of paper, website, employee or other source: \_\_\_\_\_

Last Name	First Name	Middle Initial		
Street Address	Unit #	City	State	Zip Code
Telephone Number (s)	Social Security Number (Voluntary)			
E-Mail:	Best Time To Reach You:			

- Are you legally eligible to work in the United States  Yes  No  
*(Proof of eligibility will be required upon offer of employment)*
- Can you perform the essential functions of this job with or without reasonable accommodation?  Yes  No  
*(If you have any questions about the functions of this job, please ask the interviewer before answering this question)*
- Are you over 18 years of age?  Yes  No  
*(If no, you may be required to provide authorization)*
- Have you ever filed an application with us before?  Yes  No  
 If yes, give date (s): \_\_\_\_\_
- Have you ever been employed by GEC NW?  Yes  No  
 If yes, give date (s): \_\_\_\_\_
- Are you related to anyone employed by GEC NW?  Yes  No  
 If yes, state name and relationship \_\_\_\_\_

Dates Available to Work:	Desired Salary Range:
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Desired Status: (Check One)  Full Time     Part Time     Temporary/Internship

Days and Hours Available:

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

- Are you currently employed?  Yes  No
- May we contact your present employer?  Yes  No

Are you on "lay-off" status and subject to recall?  Yes  No

Have you ever been convicted of a felony?  Yes  No

If yes, please explain:

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*(A conviction will not necessarily disqualify you.)*

Can you travel if the job requires it?  Yes  No

Do you have a valid driver's license?  Yes  No

If yes please provide number: \_\_\_\_\_

Have you been convicted of any moving violations in the past five years?  
If yes please explain: \_\_\_\_\_  Yes  No

*(A conviction will not necessarily disqualify you)*

Have you ever been fired from or asked to resign from a job?  Yes  No

If yes, please explain: \_\_\_\_\_

*(A conviction will not necessarily disqualify you)*

## EDUCATION

School	Name & Town of School	Course of Study	# of Years Completed	Diploma/Degree
High School				
Undergraduate				
Graduate/other				

**Please list any academic honors, scholarships, offices held, etc. (Please do not list any which reflect your race, color, religion, gender, national origin, age, or any items covered in Title VII of the Civil Rights Act)**

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**Please describe any specialized training, apprenticeships, licenses or skills, including computer skills**

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**Have you received any job-related training in the United States Military?**  Yes  No

*(If yes, please give dates and explanations below)*

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**Work Experience**

Start with your present of last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, sexual orientation, disabilities or other protected status. Please attach another page if needed.

Dates Employed From: _____ To: _____		WORK PERFORMED (Use this entire column if necessary)
Employer:		
Address:		
Telephone Number(s)		
Job Title:		
Supervisor:		
Reason For Leaving:		
Salary: Start: _____	Finish: _____	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates Employed From: _____ To: _____		WORK PERFORMED (Use this entire column if necessary)
Employer:		
Address:		
Telephone Number(s)		
Job Title:		
Supervisor:		
Reason For Leaving:		
Salary: Start: _____	Finish: _____	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates Employed From: _____ To: _____		WORK PERFORMED (Use this entire column if necessary)
Employer:		
Address:		
Telephone Number(s)		
Job Title:		
Supervisor:		
Reason For Leaving:		
Salary: Start: _____	Finish: _____	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

**APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION**

**\*PLEASE READ CAREFULLY BEFORE SIGNING\***

I hereby certify that all of the information provided by me in this application ( or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by GEC. I understand that employment with GEC is at will, for no specified duration and may be terminated at any time, with or without cause or notice.

In consideration for employment with GEC, if employed, I agree to conform to the rules, regulations, policies and procedures of GEC at all times and understand that such obedience is a condition of employment. I understand that due to the nature of GEC business, attendance and punctuality are considered essential requirements of every job at GEC and that poor attendance or tardiness will result in disciplinary action.

I authorize GEC to investigate my personal history including, if any, a record of law enforcement activity, my character and general reputation.

I understand that if offered a position with GEC, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employments test and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to GEC and/or any of its representatives, or agents, and I release all parties involved from any and all liability for any and all damage that my result from providing such information.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

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Signature

Date

Name and number of person completing this form if other than applicant:

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*GEC NW INC. IS PROUD TO BE AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, BERTERAN STATUS OR ANY OTHER STATUS PROTECTED BY LAW.*

