

Employment Application for Gantt Homes, Inc.

113 West Gambier Street, Mount Vernon, OH 43050

Phone: (740) 263-7681

Fax: (740) 830-6515

E-Mail: jenn.gantthomesinc@gmail.com

Programs, services and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview.	How were you referred to us?
	Position Applying for:

Full Name:			
Address:	City:	State:	Zip:

Cell Phone:	Home Phone:	E-mail:
-------------	-------------	---------

Date Available to Start:	Pay Requirements:	Are you 18 or older? Yes No
--------------------------	-------------------	-----------------------------

Social Security Number:	Driver License Number:	Are you Legally allowed to work in the United States? Yes No
-------------------------	------------------------	--

Education History

Name and Location of High School:	Did you Graduate?
-----------------------------------	-------------------

Name and Location of College:	Years Attended:
Degrees Completed:	Other Subjects Studied:
Trade, Business or Correspondence School:	Years Attended:
Subjects Studied:	Did you Graduate?

Summarize Your Special Skills or Qualifications

Availability – please be advised that all shifts may not be available at time of application

Please Check All that Apply:

- | | |
|--|--|
| <input type="checkbox"/> Mornings (6a-9a) | <input type="checkbox"/> Week Days (Mon-Fri) |
| <input type="checkbox"/> Days (9a-2/4p) | <input type="checkbox"/> Week Ends (Fri-Sun) |
| <input type="checkbox"/> Afternoons/Evenings (1/2p-8/9p) | <input type="checkbox"/> On- Call |
| <input type="checkbox"/> Over Nights (8/9p until 8/9am) | <input type="checkbox"/> Floater |

Pervious Employment

Dates of Employment: From ___/___/___ To ___/___/___		Position(s) Held
Company Name:		Address:
City:	State:	Zip:
Phone:	Supervisor:	Title:
Responsibilities:		

May We Contact this Employer for a reference? Yes No

Dates of Employment: From ___/___/___ To ___/___/___		Position(s) Held
Company Name:		Address:
City:	State:	Zip:
Phone:	Supervisor:	Title:
Responsibilities:		

May We Contact this Employer for a reference? Yes No

Dates of Employment: From ___/___/___ To ___/___/___		Position(s) Held
Company Name:		Address:
City:	State:	Zip:
Phone:	Supervisor:	Title:
Responsibilities:		

May We Contact this Employer for a reference? Yes No

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 pervious 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.

Signature of Applicant:	Date:
-------------------------	-------