



Application for Employment

PERSONAL INFORMATION

FULL NAME: _____ DATE: _____
First Middle Last

ADDRESS: _____
Street Address Apt/Suite
City State Zip Code

E-MAIL: _____ PHONE: _____

POSITION APPLYING FOR: _____

IF OFFERED EMPLOYMENT, WHEN COULD YOU BEGIN WORK? _____

ARE YOU CURRENTLY EMPLOYED? YES NO*

MAY WE CONTACT YOUR PRESENT EMPLOYER YES NO*

EMPLOYMENT ELIGIBILITY

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.? YES NO*

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES* NO

*IF YES, PLEASE EXPLAIN: _____

EDUCATION

HIGH SCHOOL: _____ CITY / STATE: _____

FROM: _____ TO: _____ GRADUATE? YES NO DIPLOMA: _____

COLLEGE: _____

CITY / STATE: _____ FROM: _____ TO: _____

GRADUATE? YES NO DEGREE: _____

OTHER EDUCATION/TRAINING: _____

CITY / STATE: _____ FROM: _____ TO: _____

DEGREE/CERTIFICATION: _____

ADDITIONAL CREDENTIALS: (LICENSE, CREDENTIAL, CERTIFICATION)

(credential)	(awarding entity)
• _____	_____
• _____	_____
• _____	_____
• _____	_____
• _____	_____
• _____	_____
• _____	_____

PREVIOUS EMPLOYMENT
Please list your work experience for the past 10 years beginning with your most recent job held. Attach additional sheets if necessary.

EMPLOYER 1: _____
Company / Individual

SUPERVISOR NAME: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite
_____ City State Zip Code

JOB TITLE: _____ FROM: _____ TO: _____

REASON FOR LEAVING: _____

EMPLOYER 2: _____
Company / Individual

SUPERVISOR NAME: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite
_____ City State Zip Code

JOB TITLE: _____ FROM: _____ TO: _____

REASON FOR LEAVING: _____

EMPLOYER 3: _____
Company / Individual

SUPERVISOR NAME: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

JOB TITLE: _____ FROM: _____ TO: _____

REASON FOR LEAVING: _____

REFERENCES
(PROFESSIONAL ONLY)

FULL NAME: _____ RELATIONSHIP: _____
First Last

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

FULL NAME: _____ RELATIONSHIP: _____
First Last

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

FULL NAME: _____ RELATIONSHIP: _____
First Last

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

MILITARY SERVICE

ARE YOU A VETERAN? YES NO

BRANCH: _____ RANK AT DISCHARGE: _____

FROM: _____ TO: _____

TYPE OF DISCHARGE: _____

IF NOT HONORABLE, PLEASE EXPLAIN: _____

BACKGROUND CHECK CONSENT

IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? YES NO

DISCLAIMER

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

Please complete each section EVEN IF you decide to attach a resume.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

SIGNATURE _____ **DATE** _____

PRINT NAME _____

Please attach resume and cover letter to the application prior to submission. Include any additional pages or supporting documentation as needed.

Return all application information to:
Gamm, Incorporated
103 South 3rd
PO Box 49
LaBelle, Missouri 63447

dana@gamminc.org

Fax 660-213-3223

If you have questions or need additional information, please call: 660-213-3221

Gamm, Incorporated

Gamm, Incorporated is an equal opportunity employer. It does not discriminate on the basis of race, color, national origin, sex, religion, ancestry, age, sexual orientation, marital status, disability, veteran status, citizenship status, or any other protected characteristic. Certain laws and regulations as a recipient of federal funding regarding equal employment opportunity require us to compile, maintain and report certain demographic information on employees and applicants for employment. In order to comply with these laws and regulations, we are requesting your cooperation in completing this voluntary EEO Self- Identification Form.

The information on this form is being requested and will be used solely for record keeping and reporting purposes. Submission of this form by you is voluntary. Please be assured that you will not be subjected to any adverse treatment if you do not provide the information requested. In the event that you do provide the information requested, the information in this form will be processed and maintained separately from your employment application forms and your personnel file. The information provided here will not affect your status in being considered for employment.

Date: _____

Name: _____

Position Applied For: _____

Please indicate the following:

Gender: Male Female

Ethnic Origin: Hispanic or Latino Not Hispanic or Latino

Race (Check all that apply):

American Indian or Alaskan Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Are you an individual with a disability? Yes No

I do not wish to provide some or all of this information