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Application For Employment

(PLEASE PRINT)

Gardner, Inc. is an equal opportunity employer. Gardner does not discriminate in employment regarding race, color, religion, national origin, citizenship status, ancestry, age, sex, sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service or any other characteristic protected by law.

PERSONAL INFORMATION

Incomplete information could disqualify you from further consideration. Please complete all fields.

NAME		TODAY'S DATE	
ADDRESS			
E-MAIL ADDRESS			
HOME PHONE		MOBILE PHONE	
ARE YOU ELIGIBLE TO WORK IN THE US? YES <input type="checkbox"/> NO <input type="checkbox"/>			
ARE YOU AT LEAST 18 YEARS OR OLDER? (IF NO, YOU MAY BE REQUIRED TO PROVIDE AUTHORIZATION TO WORK.) YES <input type="checkbox"/> NO <input type="checkbox"/>			
HAVE YOU EVER BEEN CONVICTED OF A CRIME OUTSIDE OF A MINOR TRAFFIC VIOLATION? IF YES, PLEASE EXPLAIN OFFENSE AND FINAL DISPOSITION. YES <input type="checkbox"/> NO <input type="checkbox"/>			
IF YOU ARE EXTENDED AN OFFER, YOU WILL BE REQUIRED TO SUBMIT TO A DRUG TEST, ARE YOU WILLING TO DO SO? YES <input type="checkbox"/> NO <input type="checkbox"/>			

EMPLOYMENT DESIRED

DATE YOU CAN START		HOURLY RATE / SALARY DESIRED	
POSITION DESIRED		LOCATION	
SHIFT AVAILABILITY? FIRST <input type="checkbox"/> SECOND <input type="checkbox"/> THIRD <input type="checkbox"/>			
CAN YOU WORK OVERTIME, INCLUDING WEEKENDS? YES <input type="checkbox"/> NO <input type="checkbox"/>			
HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE OR UNDER A DIFFERENT NAME? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, WHEN AND/OR PREVIOUS NAME?			

DAYS AND HOURS AVAILABLE (IF EMPLOYED, NOTIFICATION MUST BE PROVIDED IN WRITING SHOULD AVAILABILITY CHANGE.)

DAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
FROM							
TO							

REFERRAL SOURCE

HOW DID YOU HEAR ABOUT US? WALK IN <input type="checkbox"/> ADVERTISEMENT <input type="checkbox"/> REFERRAL <input type="checkbox"/> OTHER <input type="checkbox"/>			
REFERRAL AGENCY / EMPLOYEE NAME			

EDUCATION

	NAME OF SCHOOL	COURSE OF STUDY	NUMBER OF YEARS COMPLETED	DIPLOMA OR DEGREE RECEIVED
HIGH SCHOOL				
COLLEGE				
VOCATIONAL / TRADE SCHOOL				

EMPLOYMENT HISTORY		
Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. <i>Incomplete information could disqualify you from further consideration.</i>		
NAME OF EMPLOYER		JOB TITLE
DATES EMPLOYED (MONTH/YEAR)	FROM	TO
DESCRIBE THE WORK PERFORMED:		
NAME OF EMPLOYER		JOB TITLE
DATES EMPLOYED (MONTH/YEAR)	FROM	TO
DESCRIBE THE WORK PERFORMED		
NAME OF EMPLOYER		JOB TITLE
DATES EMPLOYED (MONTH/YEAR)	FROM	TO
DESCRIBE THE WORK PERFORMED		
NAME OF EMPLOYER		JOB TITLE
DATES EMPLOYED (MONTH/YEAR)	FROM	TO
DESCRIBE THE WORK PERFORMED		

PLEASE READ CAREFULLY BEFORE SIGNING.

I UNDERSTAND THAT NEITHER THE COMPLETION OF THIS APPLICATION NOR ANY OTHER PART OF MY CONSIDERATION FOR EMPLOYMENT ESTABLISHES ANY OBLIGATION FOR GARDNER TO HIRE ME. IF I AM HIRED, I UNDERSTAND THAT EITHER GARDNER OR I CAN TERMINATE MY EMPLOYMENT AT ANY TIME AND FOR ANY REASON, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE. I UNDERSTAND THAT IF I AM HIRED, MY EMPLOYMENT IS FOR NO DEFINITE TIME AND MAY BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE.

I UNDERSTAND THAT NO REPRESENTATIVE OF GARDNER HAS THE AUTHORITY TO MAKE ANY ASSURANCE TO THE CONTRARY.

I ATTEST WITH MY SIGNATURE BELOW THAT I HAVE GIVEN TO GARDNER TRUE AND COMPLETE INFORMATION ON THIS APPLICATION. NO REQUESTED INFORMATION HAS BEEN CONCEALED. IF EXTENDED AN OFFER OF EMPLOYMENT, I AUTHORIZE GARDNER TO CONDUCT A PRE-EMPLOYMENT SCREENING, WHICH CAN INCLUDE REFERENCES, CREDIT CHECK, EDUCATIONAL HISTORY, CRIMINAL CHECK AND A PRE-EMPLOYMENT DRUG SCREEN.

I UNDERSTAND THAT FAILURE TO REVEAL ANY PRIOR EMPLOYER, GIVING FALSE OR MISLEADING INFORMATION BY ME ON ANY PART OF THIS APPLICATION FOR EMPLOYMENT CAN RESULT IN DISQUALIFICATION FOR EMPLOYMENT CONSIDERATION OR, IF HIRED, MAY BE GROUNDS FOR TERMINATION FROM THE COMPANY OR ITS' SUBSIDIARIES.

SIGNATURE

DATE

I CERTIFY THAT IN MY COMPLETION OF THE ABOVE SIGNATURE BOX IS CONFIRMING THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE ABOVE.

Click here to email your completed application:

hr@gardnerinc.com 