

PERSONAL

Last Name		First	Initial	Social Security #
Other Name(s) Used		Driver's License #		DOB
Address:		CITY	STATE	ZIP
Email Address:				Home Telephone # ()
Position Applied For		Referred By		Mobile/Cellular Telephone # ()
Have you ever interviewed and/or employed with GFIHC before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list date(s), job title(s) & location(s)		
Do you have any relatives employed by the Company or its affiliates? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list date(s), job title(s) & location(s)		
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		If under 18, do you have a work permit?		
Do you have a current TB Skin Test? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Days & Hours of availability: <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> 6am-9am <input type="checkbox"/> 9am-12pm <input type="checkbox"/> 12pm-3pm <input type="checkbox"/> 3pm-6pm				

EDUCATION

Select Highest Grade Completed:

High School	9	10	11	12
College, Trade or Business	1	2	3	4
Graduate Studies	_____			

School	Address	Major Studies	Degree, Diploma, License or Certificate
High School			
College/University			
Vocational, Business, Other			
List Any Professional Designations			
Other Special Knowledge, Skills or Qualifications			

For Clerical Applicants Only:

Do you type? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, WPM:
Computer Skills (Hardware/Software)	

EMPLOYMENT HISTORY AND REFERENCE CHECKED

List all employments for the past 10 years, starting with the most recent position. All information **must** be completed. You may attach a resume, but not in place of completing the required information.

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			
Verified by (GFIC EMPLOYEE)	Date Verified	Name/title of person spoken with	Comments

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	May we contact
Duties & Responsibilities			
Verified by (GFIC EMPLOYEE)	Date Verified	Name/title of person spoken with	Comments

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	May we contact
Duties & Responsibilities			
Verified by (GFIC EMPLOYEE)	Date Verified	Name/title of person spoken with	Comments

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	May we contact
Duties & Responsibilities			
Verified by (GFIC EMPLOYEE)	Date Verified	Name/title of person spoken with	Comments

Signature

Date

PERSONAL REFERENCE (NON RELATED)

All information **must** be completed. You may attach a resume, but not in place of completing the required information.

Name	Years Known:	Relationship	Phone #
Verified by (GFIC EMPLOYEE)		Date Verified	
Comments			
Comments			

Name	Years Known:	Relationship	Phone #
Verified by (GFIC EMPLOYEE)		Date Verified	
Comments			
Comments			

Name	Years Known:	Relationship	Phone #
Verified by (GFIC EMPLOYEE)		Date Verified	
Comments			
Comments			

Name	Years Known:	Relationship	Phone #
Verified by (GFIC EMPLOYEE)		Date Verified	
Comments			
Comments			

Signature

Date

GUIDED FOOTPRINTS INC is an equal opportunity/affirmative action employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, nation origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, or physical or mental disability.

GENERAL

Yes No

- Do you have a valid driver's license? If yes, Issuing State _____ ID# _____
- Do you have reliable transportation?
- May we contact your current employer for references?
- Are you a CNA?
- Are you a Licensed Nurse?
- Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation?
- Have you ever been convicted of a felony/crime, excluding misdemeanors and summary offenses, which has not been annulled, expunged or seals by court? (A yes response does not automatically disqualify your application.)

CERTIFICATION & AUTHORIZATION

The above information is true and correct. I understand that, in the event of my employment by the Company, I shall be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.

I authorize the Company to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to the Company and will hold the Company and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information. I further authorize the Company to obtain any credit and consumer check.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with the Company is intended to create an employment contract between myself and the Company under which my employment could be terminated only for cause. On the contrary I understand and agree that, if hired, my employment will be terminable at will and may be terminated by me or the Company at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.

If employed, I will be required to provide original documents, which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

Signature

Date

BACKGROUND CHECK PERMISSION
FOR PROSPECTIVE EMPLOYEE

I hereby authorize all corporations, companies, credit agencies, schools, government agencies, persons, military services, and former employers to release information they may have about me to GFIHC or its agents and employees, and release all persons or companies from any liability or responsibility from doing so. Further, I authorize the procurement of a consumer report and credit check, and understand that such a report may contain information about my background, character, and personal reputation. I understand that this notice will also apply to any future update reports that may be requested.

Applicant's Signature

Applicant's Printed Name

Date

Filing out an application does not guarantee you a job. Once you have filled out an application and we have reviewed it, we will call you for an interview if we are hiring at that time and you meet the required qualifications. If we are not hiring at that time we will keep it on file for a year. Please do not call the office about your application we will call you.

DRUG AND/OR ALCOHOL TESTING CONSENT FORM

**EMPLOYEE AGREEMENT AND CONSENT TO
DRUG AND/OR ALCOHOL TESTING**

I hereby agree, upon a request made under the drug/alcohol testing policy of GFIHC, INC to submit to a drug or alcohol test for pre-employment and random testing, to furnish a sample of my urine, breath, and/or blood for analysis. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under GFIHC, INC policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination. I further authorize and give full permission to have the GFIHC and/or its company physician send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Company and/or to any governmental entity involved in a legal proceeding or investigation connected with the test. Finally, I authorize the Company to disclose any documentation relating to such test to any governmental entity involved in a legal proceeding or investigation connected with the test.

I understand that only duly-authorized GFIHC, INC officers, employees, and agents will have access to information furnished or obtained in connection with the test; that they will maintain and protect the confidentiality of such information to the greatest extent possible; and that they will share such information only to the extent necessary to make employment decisions and to respond to inquiries or notices from government entities.

I will hold harmless the GFIHC, INC, its company physician, and any testing laboratory the GFIHC, INC might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test, even if a GFIHC, INC or laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless the GFIHC, INC, its company physician, and any testing laboratory the GFIHC, INC might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.

This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

I UNDERSTAND THAT THE GFIHC, INC WILL REQUIRE A DRUG SCREEN AND/OR ALCOHOL TEST UNDER THIS POLICY WHENEVER I AM INVOLVED IN AN ON-THE-JOB ACCIDENT OR INJURY UNDER CIRCUMSTANCES THAT SUGGEST POSSIBLE INVOLVEMENT OR INFLUENCE OF DRUGS OR ALCOHOL IN THE ACCIDENT OR INJURY EVENT, AND/OR AT RANDOM AND I AGREE TO SUBMIT TO ANY SUCH TEST.

Signature of Employee

Date

Employee's Name - Printed

GFIHC, INC Representative

Date