

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

Date _____

NAME (LAST, FIRST, MIDDLE INITIAL)		REFERRED BY:	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
EMAIL:	HOME PHONE ()	CELL PHONE ()	

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

COMPANY NAME: _____	TELEPHONE: _____
ADDRESS: _____	TYPE OF BUSINESS: _____
NAME OF SUPERVISOR: _____	EMPLOYED FROM: MONTH ____ YEAR ____
REASON FOR LEAVING: _____	EMPLOYED TO: MONTH ____ YEAR ____
DESCRIBE THE WORK YOU DID: _____	LAST SALARY/WAGE: _____

COMPANY NAME: _____	TELEPHONE: _____
ADDRESS: _____	TYPE OF BUSINESS: _____
NAME OF SUPERVISOR: _____	EMPLOYED FROM: MONTH ____ YEAR ____
REASON FOR LEAVING: _____	EMPLOYED TO: MONTH ____ YEAR ____
DESCRIBE THE WORK YOU DID: _____	LAST SALARY/WAGE: _____

COMPANY NAME: _____	TELEPHONE: _____
ADDRESS: _____	TYPE OF BUSINESS: _____
NAME OF SUPERVISOR: _____	EMPLOYED FROM: MONTH ____ YEAR ____
REASON FOR LEAVING: _____	EMPLOYED TO: MONTH ____ YEAR ____
DESCRIBE THE WORK YOU DID: _____	LAST SALARY/WAGE: _____

COMPANY NAME: _____	TELEPHONE: _____
ADDRESS: _____	TYPE OF BUSINESS: _____
NAME OF SUPERVISOR: _____	EMPLOYED FROM: MONTH ____ YEAR ____
REASON FOR LEAVING: _____	EMPLOYED TO: MONTH ____ YEAR ____
DESCRIBE THE WORK YOU DID: _____	LAST SALARY/WAGE: _____

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS

CONTINUED ON OTHER SIDE

APPLICATION FOR EMPLOYMENT

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL		YEARS ATTENDED	DID YOU GRADUATE ?	LIST DIPLOMA OR DEGREE
HIGH SCHOOL OR GED				
VOCATIONAL / TECHNICAL				
COLLEGE				
GRAD SCHOOL				

REFERENCES: (THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR).

	REFERENCE 1	REFERENCE 2	REFERENCE 3
NAME			
COMPLETE ADDRESS			
TELEPHONE	()	()	()
RELATIONSHIP[

Excluding minor traffic violations, have you ever been arrested or convicted of any misdemeanors or felonies? If yes, please explain: _____

Have you ever been terminated or asked to resign by an employer? Yes No
 If yes, please explain _____

PLEASE READ, ACKNOWLEDGE, AUTHORIZE AND SIGN THE FOLLOWING:

I certify that the information contained in my application for employment with CGT, LLC and/or TGC, LLC (hereinafter referred to as The Company) is true and complete to the best of my knowledge and belief.

I understand that any misrepresentation, omission, or false statement in any detail made by me in connection with the application or any related document that is deemed material by The Company shall be cause for disqualification from further consideration for hire or for dismissal after employment has begun.

I understand and agree that all information furnished in my application and all attachments may be verified by The Company or its authorized representative. I hereby authorize all individuals and organizations named or referred to in my application and related documents and any law enforcement organization to give The Company all information relative to such verification and hereby release such individuals, organizations, and The Company from any and all liability for any claim or damage resulting there from. I hereby acknowledge that I have been informed by The Company and authorize The Company to obtain a consumer report and/or investigative report that will include personal information about me, including but not limited to, education and employment history, work references, driving record, credit history, drug testing, and criminal convictions, in order to assist The Company in making certain employment decisions. I further acknowledge notification by The Company that reports may be provided to The Company by other firms subcontracted for that purpose. I, my heirs, assigns and legal representatives, hereby release and fully discharge The Company, its affiliated companies and the respective officers, directors, employees, and agents of each, including subcontractors, from any and all claims, monetary or otherwise, that I may have against The Company, its affiliated companies and the respective officers, directors, employees, agents or subcontractors, arising out of the making, or use of, either a consumer report and/or investigative report, including any errors or omissions contained or omitted from such reports or investigations.

Further, I agree that, if employed, I will conform my conduct to The Company's rules and regulations and understand that my employment can be terminated with or without cause, and with or without notice, at any time, at either The Company's option or my option.

I hereby acknowledge that I have read and understand each of the above statements.

Date

Applicant's Signature and Authorization

Driver's License Number & State

Applicant's Social Security Number