



GOPHER MOTOR REBUILDING, INC.

APPLICATION FOR EMPLOYMENT

(Equal Employment Opportunity Employer)

GENERAL

NAME _____

ADDRESS _____

TELEPHONE (_____) _____ SOCIAL SECURITY # _____

DATE AVAILABLE FOR EMPLOYMENT _____

If employed and under 18, can you furnish a work permit? YES NO

Have you ever been employed by this company? YES NO

Are you employed now? YES NO

May we contact your present employer? YES NO

If yes, give name: _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? YES NO

Type of work desired: _____

Do you have a valid drivers license in this state? YES NO

License # _____

Can you perform the essential functions of the job(s) for which you are applying? YES NO

Are you available to work FULL-TIME PART-TIME OVER-TIME

Have you been convicted of a felony? YES NO
(Please note that a "YES" answer will not bar you from consideration for employment.)

If YES, please explain: _____

This company is an equal employment opportunity employer. All applicants will be considered without regard to age, color, national origin, religion, disability, sex, or other protected status in accordance with applicable federal and state equal employment opportunity laws. This company will strive to accommodate any physical or mental limitations of employees or applicants in order to accomplish the essential functions of a job.

EDUCATION

	ELEMENTARY				HIGH				COLLEGE				GRADUATE				
SCHOOL NAME																	
YEARS COMPLETED	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
COURSE OF STUDY																	

SPECIAL SKILLS, QUALIFICATIONS AND CONSIDERATIONS:

Summarize special skills and qualifications, volunteer activities, military experience, employment or other activities related to the job you are seeking:

REFERENCES:

List three (3) non-relatives who are familiar with your qualifications and actual work history and ability.

	Name	Occupation/Relationship	Years Known	Telephone
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

EMPLOYMENT EXPERIENCE:

Start with your present or last job. List your last four (4) jobs in order. Do not omit any job.

Employer	Supervisor's Name
Address	Your Job Position
Telephone Number	Employed from _____ (mo/yr) to _____ (mo/yr)
Your Salary: Starting / Ending	Duties
What did you like most about your job?	
What did you like least about your job?	
Reason for leaving:	

