

APPLICATION FOR EMPLOYMENT



GOVERNMENT EMPLOYEES' RETIREMENT SYSTEM

PLEASE PRINT

 $Equal\ access to\ programs, services\ and\ employment\ is\ available\ to\ all\ persons.\ Those\ applicants\ requiring\ reasonable\ accommodation\ to\ the\ application\ and/or\ interview\ process\ should\ notify\ a\ representative\ of\ the\ Human\ Resources\ Department.$

Position(s) applied for				Date of A	pplication	
Referral Source	□ Advertisement	□ Employee			Employee Agency	
	□ Walk-in	□ Private Em	nployment Agency	□ Other		
Name	Last	First			Middle	
AddressStreet			Soci	al Security #		
Mailing Address						
Telephone #	Mobile/Bee	eper/Other Phor	ne #	Email Add	lress	
If necessary, best time	<u> </u>		-			AN PN
May we contact you at v						□ No
If yes, work number an	d best time to call					PN
Have you submitted an	application here before	?			□Yes	□ No
If yes, give position(s) a	and date(s)					
Have you ever been em	ployed here before?				□Yes	□ No
If yes, gives dates				From	To	
Are you legally eligibile	for employment in this	country?			□Yes	□No
Date available for work		What is	your desired salar	y range?	\$	
Type of employment de	sired 🗆 Full-Time	□ Part-Time	□ Temporary	□ Summer	□ Educational	Co-or
Will you relocate if job r	equires it?	□ Yes □ No V	Will you travel if job	requires it?	□Yes	□ No
Will you work overtime	if required?				□Yes	□No
If No. please explain						

Have you ever pled "guilty" or "no contest" to, or committed a crime	🗆 Yes	□No
If Yes, please provide date(s) and details	FTHE OFFENSE, SERI	OUSNESS AND
Have you ever been a defendant in a civil action for an international tort (e.g., a civil charge for ass	sault, battery, ir	itentional
infliction of emotional distress, false imprisonment, wrongful death, etc.)?	□ Ye:	s □ No
If Yes, please provide nature of the tort and disposition of the matter (how it was resolved)		
Driver's license number if driving is an essential for the position	State	
Employment History		
Provide the following information of your past four employment activities, starting with the most rec	cent.	
FromToEmployerTeleph	none #	
Starting Job Title/ Final Job Title Address		
Immediate Supervisor and Title Summarize the Nature of work Performed and Job Responsibilities		
May We Contact For Reference? □Yes □No □ Later		
Reason for Leaving Hourly Rate/Salary Start \$ Per Final \$		
What did you like most about your position?		
What were the things you liked least about your position?		

Employment History (continued)

From	To	Employer_					Tel	ephone #
Starting Job	Title/ Final Job Titl	е	Address					
Immediate St	upervisor and Title	Sumr	narize the	Nature of w	ork Perform	ed and Jo	b Responsibilit	ies
May We Con	tact For Reference	e? □Yes	□No	□ Later				
Reason for L	eaving	Hourly Rate	/Salary	Start \$		Per	Final \$ _	Per
What did you	like most about y	our position? _						
What were th	e things you liked	least about yo	ur positio	n?				
From	To	Employer_					Tel	ephone #
Starting Job	Title/ Final Job Titl	e	Address					
Immediate Si	upervisor and Title	Sumr	narize the	Nature of w	ork Perform	ed and Jo	b Responsibilit	ies
May We Con	tact For Reference	e? □Yes	□No	□ Later				
Reason for L	eaving	Hourly Rate	/Salary	Start \$	Pe	er	Final \$	Per
What did you	like most about y	our position? _						
What were th	e things you liked	least about yo	ur positio	n?				
From	To	Employer_					Tel	ephone #
Starting Job	Title/ Final Job Titl	e	Address					
Immediate Su	upervisor and Title	Sumr	narize the	Nature of w	ork Perform	ed and Jo	b Responsibilit	ies
May We Con	tact For Reference	e? □Yes	□No	□ Later				
Reason for L	eaving	Hourly Rate	/Salary	Start \$	Pe	er	Final \$	Per
What did you	like most about y	our position? _						
What were th	e things you liked	least about yo	ur positio	n?				

Explain any gaps in your employment, other than those due to personal illness, injury or disability.						
If not addressed on previous page	e, have you ever been fired or as	ked to resign from a job?	□Yes □No			
If Yes, please explain						
Educational Background						
Name & Location	Number of Years Completed	Did You Graduate?	Course of Study			
High School or GED						
College or University		Degree	Major			
Other (Certification)						
Licenses						
Skills and Qualifications						
Summarize any special training, si the position for which you are app		that may assist you in performin	g job-related functions	fo		

Skills and Qualifications (cor	ntinued)		
Computer Skills (Check appropriate boxes	. Include software titles and y	vears of experience)	
□ Word Processing	Years:	□ Internet	Years:
□ Spreadsheet	Years:	□ Database	Years:
□ Presentation	Years:	□ Main Frame	Years:
□ Email	Years:	□ Other	Years:
Related Information			
To What job-related organizations (pro	ofessional, trade, etc.) d	o you belong?	
Exclude memberships that would reveal race, or guard or any other similarly protected status.	color, religion, sex, national or	igin, citizenship, age, mental or physi	ical disabilities, veteran/reserve nationa
Organizations		Offic	ces Held
List special accomplishments, publication Exclude memberships that would reveal race, or guard or any other similarly protected status.		igin, citizenship, age, mental or physi	ical disabilities, veteran/reserve nationa
In your current or prior job, have you	ever written instructions	or directions to be followed by	employees or customers?
□ Yes □No □Not Applicable			
If Yes, please explain:			
Is there any other job-related informat	tion you want us to know	v about you?	
			

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List names and telephone numbers of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Title	Relationship to You	Telephone	Number of Years Known
			()	
			()	
			()	

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and its territories and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT					
I certify that I have read, fully understand and accept all terms of the fo	regoin	ng App	icant	Statement.	
Signature of Applicant	Date	1	1	_	