

Gordon Companies, Inc.

Application for Employment

Equal Employment Opportunity Statement:

Employment decisions will be based on the principles of equal opportunity. All personnel actions (recruiting, hiring, training, promotion, compensation, etc.) are administered without regard to any characteristic protected by state, federal or local law, assuming said characteristic does not interfere with the performance of essential job functions. Reasonable accommodations will be made for disabilities and religious beliefs. Please inform us of any necessary accommodations to the application process.

Please print.

Last Name	First Name	Middle Name	Date
Home Street Address		City	State Zip
Employment Desired	Area Code	Telephone Number	Date Available
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> FT or PT			

Describe the position you are seeking (please be specific).

Are you legally permitted to work in the United States? Yes No

NOTE: Proof of eligibility will be required within three working days of employment.

What is your desired rate of pay?	Are you at least 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No--State age.
How did you learn about our company?	Have you ever worked or applied to our company for employment? <input type="checkbox"/> Yes <input type="checkbox"/> No

Are you willing to take drug tests at the Company's request? No Yes

Have you ever gone by a name other than the one listed above? No Yes—Please list:

Have you ever been convicted of a crime(s)? (Conviction is not an automatic bar to employment.) Yes No

If Yes, explain:

Do you have any relatives in our employ? (A "Yes" answer is not an automatic bar to employment.) Yes No

If Yes, give name and relationship.

Can you travel if a job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No	If job travel is necessary, what percentage of time can you travel?
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Are you currently on "Lay-Off" status and subject to recall? Yes No

Can you perform all necessary job functions with or without reasonable accommodation? Yes No

Do you have any foreign language skills? No Yes—Specify:

EDUCATION:

	School Name And Location	Years Completed	Diploma/Degree	Describe Course of Study
High School		9 10 11 12		
Undergraduate/College		1 2 3 4		
Graduate/Professional		1 2 3 4		
Describe Any Specialized Training, Apprenticeship, Skill And Extra-Curricular Activities				
Describe Any Honors You Have Received				
State Any Additional Information You Feel May Be Helpful To Us In Considering Your Application				
Other Special Training Or Education:				
Why Do You Feel You Would Be a Good Fit For Our Company?				

REFERENCES:

Give below the names of three persons not related to you, who you have know at least one year

NAME	ADDRESS	PHONE	OCCUPATION	YEARS KNOWN
1	-----	()		
2	-----	()		
3	-----	()		

Have ever been discharged or asked to resign any position? If Yes, please explain:

EMPLOYMENT: This section must be completed even if a resume is attached. Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

Company Name:	Telephone: ()
Address:	Employed (state month & year) From: To:
Name of Supervisor:	Weekly Pay: Start: End:
State Job Title:	Reason for Leaving:
Describe Your Work:	
May we contact this employer <input type="checkbox"/> Yes <input type="checkbox"/> No	

Company Name:	Telephone: ()
Address:	Employed (state month & year) From: To:
Name of Supervisor:	Weekly Pay: Start: End:
State Job Title:	Reason for Leaving:
Describe Your Work:	
May we contact this employer <input type="checkbox"/> Yes <input type="checkbox"/> No	

Company Name:	Telephone: ()
Address:	Employed (state month & year) From: To:
Name of Supervisor:	Weekly Pay: Start: End:
State Job Title:	Reason for Leaving:
Describe Your Work:	
May we contact this employer <input type="checkbox"/> Yes <input type="checkbox"/> No	

Company Name:	Telephone: ()
Address:	Employed (state month & year) From: To:
Name of Supervisor:	Weekly Pay: Start: End:
State Job Title:	Reason for Leaving:
Describe Your Work:	
May we contact this employer <input type="checkbox"/> Yes <input type="checkbox"/> No	

APPLICANT'S STATEMENT

I certify that the information provided in this application is true, to the best of my knowledge.

I understand that providing false or misleading information at any time during the application and interview process may lead to refusal to hire or discharge from the Company. If I become employed by the Company, I agree to follow all rules and regulations of the Company as they develop and change.

I allow the Company to conduct investigations on me, my background and my performance, and am aware that such investigations will become a part of my employment record. With this, I authorize the Company to speak with my acquaintances, personal and professional, to gather information about me.

I authorize all former employers and references to provide any information about me to the Company, and release them of liabilities and damages of all kinds for providing this information. I authorize the Company to verify the accuracy of the information within this application. I also authorize the release of my educational transcripts to the Company for education verification purposes. I agree to take the company's health physical and drug test upon request, and authorize the company in its sole discretion to use the results of such examination and information obtained from schools, hospitals, doctors and former employers in determining my qualifications.

I release Gordon Companies Inc. from liability for collecting information about me and using it to make employment decisions.

If I become employed by the Company, I understand that the employment relationship will be "at will," and that the "at will" status may not change at any time unless specifically approved, in writing, by the CEO of the Company.

I agree that if I become indebted to the Company, I will be responsible for repaying the total owed upon termination from the Company. If I do not repay the sum prior to my final paycheck being received, the money owed will be deducted from my pay.

This application for employment is valid for the next 90 days. I understand that if I wish to be considered for employment after this period of time, I must apply again.

Name of Applicant (Print)

Date

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Signature of Applicant

Date

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