



An Equal Opportunity Employer
EMPLOYMENT APPLICATION
 Applications will remain active for 1 year only.

Prior to employment, a mandatory drug test is required.

Today's Date _____

E-mail Address _____

Name Last	First	Middle	POSITION DESIRED	Hours Available for Work
Street Address			FULL TIME <input type="checkbox"/>	Rate of Pay Desired
			PART TIME <input type="checkbox"/>	
City	State	Zip	ARE YOU OF LEGAL AGE TO SERVE ALCOHOLIC BEVERAGES IN THIS STATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Home Phone	Cell Phone	Work Phone	ARE YOU ELIGIBLE TO RECEIVE ANY AND ALL PERMITS/LICENSES REQUIRED BY LAW? YES <input type="checkbox"/> NO <input type="checkbox"/>	

PREVIOUS EMPLOYMENT HISTORY

LIST YOUR POSITIONS OF THE PAST TEN YEARS. LIST MOST RECENT EMPLOYER FIRST. USE ADDITIONAL SHEET IF NEEDED

Employer (Most Recent)	Employer
ADDRESS CITY STATE PHONE	ADDRESS CITY STATE PHONE
Dates Employed	Dates Employed
From To	From To
Positions Held Rate of Pay	Positions Held Rate of Pay
Duties	Duties
Reason for Leaving <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary	Reason for Leaving <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary

Employer (Most Recent)	Employer
ADDRESS CITY STATE PHONE	ADDRESS CITY STATE PHONE
Phone	
Dates Employed	Dates Employed
From To	From To
Positions Held Rate of Pay	Positions Held Rate of Pay
Duties	Duties
Reason for Leaving <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary	Reason for Leaving <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary

WHAT SOURCE REFERRED YOU TO GAL-TEX? _____

HAVE YOU EVER WORKED FOR GAL-TEX? Yes No

IF YES WHERE _____ FROM _____ TO _____ REASON FOR LEAVING _____

LIST NAMES AND POSITIONS OF ANY RELATIVES EMPLOYED AT THIS LOCATION _____

EDUCATION

CIRCLE HIGHEST GRADE 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE 1 2 3 4 DEGREE/LICENSE HELD _____

NAME OF LAST SCHOOL ATTENDED _____

OTHER TRAINING/TRADE SCHOOL _____

WHAT LANGUAGES OTHER THAN ENGLISH DO YOU SPEAK FLUENTLY? _____

UNITED STATES MILITARY SERVICE

MILITARY EXPERIENCE YES NO SKILLS _____

SELECTIVE SERVICE CLASS OR RESERVE STATUS _____

LIST THE NAME, ADDRESS, TELEPHONE NUMBER AND RELATIONSHIP OF THREE INDIVIDUALS WHO WILL ACT AS **PROFESSIONAL** REFERENCES:

1 _____

2 _____

3 _____

Public Law 91-508 requires that we advise you that a routine inquiry may be made during our initial or subsequent processing of your application which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information regarding inquiry, if one is made, will be provided.

Federal Law prohibits the company from hiring any person unless he/she presents documents, which establishes his/her identity and eligibility to work in the United States. Therefore, the company will require that each new hire present such documents as a condition of employment.

Gal-Tex is an equal opportunity employer and does not discriminate in hiring or employment, in accordance with the requirements of all applicable federal, state, and local laws, on the basis of race, color, religion, sex, pregnancy, national origin, age, disability, veteran status/military status, genetic status, sexual orientation, gender identity, or any other characteristic protected under federal, state, or local law."

I understand that Gal-Tex is in no way obligated to provide employment and that I am in no way obligated to accept employment. I understand that my employment is terminable-at-will, that I am not being employed for any specific time, and that this application is not, and is not intended, to be a contract for continued employment.

The use, possession, or being under the influence of illegal drugs or alcohol on the job is prohibited and will result in disciplinary action, up to and including termination of employment. I hereby agree to submit to any lawful drug testing that may be required as a condition of employment and understand that refusal to submit to such testing during the course of my employment may result in disciplinary action, up to and including discharge

I certify that any misrepresentations made in this application will be sufficient cause for cancellation of this application and/or for my separation from Gal-Tex. I certify that if employed, I will abide by all company rules and regulations. I certify that the above statements have been read by me and that the statements I have made on this application are true and correct.

Date _____

Signature _____

DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

INTERVIEWED BY _____ REFERRED TO _____ DATE _____

REFERRED TO _____ DATE _____ REFERRED TO _____ DATE _____

TO BE COMPLETED BY DEPARTMENT HEAD IF EMPLOYED:

DEPARTMENT _____ POSITION _____

REPORT TO WORK - DATE _____ AT _____ A.M. OR P.M. RATE OF PAY _____ PER _____

AUTHORIZED BY _____

PERSON TO CONTACT IN CASE OF EMERGENCY _____