



### Job Application

Applicant Information			
Last Name:	First Name:	M.I.:	Date:
Street Address:		Apartment/Unit Number:	
City:	State:	ZIP:	
Phone:	Email Address:		
Available Start Date:	SSN:	EIN (if applicable):	
Position Desired:			
Are you a citizen of the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If no, are you authorized to work in the U.S.?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO			
Have you ever worked for GoldStar? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, when?</i>			
Have you ever been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, explain.</i>			

Emergency Contact	
<b>Contact 1 (Full Name):</b>	Relationship:
Cell:	Alternate Phone:
Address:	
<b>Contact 1 (Full Name):</b>	Relationship:
Cell:	Alternate Phone:
Address:	

Medical Information
Please list any allergies:
Emergency medical conditions:
Other important information:

Education			
<b>High School:</b>		Address:	
From:	To:	Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	Degree:
<b>College:</b>		Address:	
From:	To:	Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	Degree:
<b>Other:</b>		Address:	
From:	To:	Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	Degree:



Employment History	
<b>Company 1:</b>	Job Title:
Job Title:	Supervisor:
From:                      To:	Phone:
May we contact for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO	Reason for leaving:
Responsibilities:	
<b>Company 2:</b>	Job Title:
Job Title:	Supervisor:
From:                      To:	Phone:
May we contact for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO	Reason for leaving:
Responsibilities:	
<b>Company 3:</b>	Job Title:
Job Title:	Supervisor:
From:                      To:	Phone:
May we contact for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO	Reason for leaving:
Responsibilities:	

Disclaimer and Signature	
By signing this document, I certify that all information provided is true and accurate to the best of my knowledge. If this application leads to employment, I understand that any false or misleading information may result in termination of employment.	
Signature: _____	Date: _____