

EDUCATION & TRAINING

Type of School	School Name / Location	Years Completed (circle one)	Graduate / Degree	Major
High School		9 10 11 12 GED		
College		1 2 3 4		
College		1 2 3 4		
Graduate School		1 2 3 4		
Business or Vocational School		1 2 3 4		

Other Relevant Courses & Training	Name & Location of Institution	Dates Attended
Trade / Other		
Military		

Professional Licenses or Certificates	Serial Number	Issue Date	Expiration Date

OTHER SKILLS

Computer Equipment and/or Software: _____

Typing Speed (WPM): _____ Data Entry (SPM): _____

Foreign Languages (Fluent): _____

Other Skills/Equipment/Tools: _____

Have you ever been terminated or quit in lieu of being terminated? If so, please explain. Yes No

Is there anything that will interfere with your ability to perform, on a regular basis, the essential duties of the job you are applying for, with or without reasonable accommodation(s)? Yes No

EMPLOYMENT HISTORY

Beginning with your present or most recent experience, list your work experience history. *Include periods of unemployment or self-employment.* All other information is to be completed on application. This application must be completed in full and signed on page 4 in order to be considered for any position with GTA.

Employer: _____	Position: _____
Address: _____	Dates Employed: _____
City/State/Zip: _____	No. Employees Supervised: _____
Supervisor/Title: _____	Salary / Hourly Wage: _____
Phone: _____	No. Hours per Week: _____
Reason for Leaving: _____	
Job Duties: _____	
Eligible for Rehire? Yes <input type="checkbox"/> No <input type="checkbox"/>	

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Address: _____	Dates Employed: _____
City/State/Zip: _____	No. Employees Supervised: _____
Supervisor/Title: _____	Salary / Hourly Wage: _____
Phone: _____	No. Hours per Week: _____
Reason for Leaving: _____	
Job Duties: _____	
Eligible for Rehire? Yes <input type="checkbox"/> No <input type="checkbox"/>	

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Supervisor/Title: _____	Salary / Hourly Wage: _____
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Job Duties: _____	
Eligible for Rehire? Yes <input type="checkbox"/> No <input type="checkbox"/>	

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Eligible for Rehire? Yes <input type="checkbox"/> No <input type="checkbox"/>	

PROFESSIONAL REFERENCES (Must List Three)

Name	Email Address	Telephone	Company or Occupation	Years Known

I certify the information provided to GTA is true and complete to the best of my knowledge. I understand that, if I am employed, discovery that I gave false information may result in immediate dismissal.

I authorize GTA to solicit information regarding my character, general reputation, credit, previous employment and similar background information, and to contact any or all employers and references I have given on my application. I hereby indemnify and hold harmless all parties and persons connected with any such request for information from all claims, liabilities and damages for any reason arising out of the furnishing of such information. If employed, I release GTA from any liability for future references it may provide regarding my work history at GTA.

Based upon the position applied for, I understand that employment may be contingent upon successful completion of a physical examination, pre-employment drug screen, criminal history background check and acceptable employment reference(s) and history.

In consideration of my employment, I agree that my employment can be terminated without cause, and with or without notice at any time, at the option of either GTA or myself. I understand that no representative of GTA, other than the General Manager, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

If employed, I further agree that if I lose, damage, or fail to return any GTA property, GTA is authorized to deduct from my wages sufficient funds to pay for such loss, damage or failure to return property.

Applicant Signature	Application Date
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Position Desired:
Date Applied:
Name (Last, First, MI):

OPTIONAL INFORMATION

GTA is an Equal Opportunity Employer. We are committed to non-discrimination in employment practices. We would appreciate completion of the information below. The below portion is voluntary. This information will be kept confidential and used for EEO recordkeeping and statistical purposes only. Thank you for your assistance.

Gender:		
<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Are you able to perform the essential functions of this position, with or without accommodation?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, indicate accommodations: _____

Ethnic Background (check all that apply):		
<input type="checkbox"/> Caucasian / White	<input type="checkbox"/> Pacific Islander	
<input type="checkbox"/> African-American / Black	<input type="checkbox"/> American Indian or Alaskan Native	
<input type="checkbox"/> Hispanic / Latino	<input type="checkbox"/> Other (Please Specify): _____	
<input type="checkbox"/> Asian		
Veteran Status:		Referral Source:
<input type="checkbox"/> Vietnam Era Veteran *	<input type="checkbox"/> Advertisement	<input type="checkbox"/> WorkSource
<input type="checkbox"/> Disabled Vietnam Veteran	<input type="checkbox"/> Social Media	<input type="checkbox"/> Current GTA Employee
<input type="checkbox"/> Other Veteran (Korean WWII, Etc.)	<input type="checkbox"/> School / College	<input type="checkbox"/> Other (Please Specify) _____
* A person who served on active duty with the Armed Forces for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 5, 1975.		