

Getsen, Inc.
APPLICATION FOR EMPLOYMENT

For HR Dept Use Only

PRINT IN BLACK INK OR TYPE. These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "NA." Do not leave questions blank. Be sure to sign when completed. Getsen, Inc. is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services. You may make copies of this application and enter different position titles, but each copy must be signed. Resumes will not be accepted in lieu of applications.

NAME: _____ Social Security #: _____ - _____ - _____
(First) (Last) (Middle Initial)

MAILING ADDRESS: _____ Ph: (_____) _____ - _____
(Street) (City) (State) (Zipcode) (Home Phone)

E-MAIL ADDRESS: _____ @ _____ Ph: (_____) _____ - _____
(Work Phone Optional)

List exact title of position or type of work and location for which you wish to apply:	
Do you have any relatives working Getsen, Inc.? If so, list names and relationships:	

Full Time Part Time Summer Temp/Project Date Available for Work: _____

Are you willing to work hours other than 8-5? Yes No Are you willing to work days other than M-Fri? Yes No

Are you willing to travel? If yes, what percentage of the time? _____

Driver's License and classification: _____ Class A Class B Class C Class M
(State) (Number)
 Class A Commercial Class B Commercial
 Class C Commercial Class M Commercial

Have you ever been convicted of a felony? Yes No If your answer is "Yes," explain in concise detail on a separate sheet of paper, giving the dates and nature of the offense, the name and location of the court, and the disposition of the case. A conviction may not disqualify you, but a false statement will.

EDUCATION (NOTE: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications and registrations.)
 Circle Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12 Did you graduate or achieve GED? Yes No

Type of School	Name and Location of Schools	Dates Attended				Hours Completed	Graduated		Expected Graduation Date	Type of Diploma or Degree	Major / Minor Field of Study
		From		To			Yes	No			
		Mo	Yr	Mo	Yr						
Undergraduate Colleges or Universities											
Graduate Schools											
Technical, Vocational, or Business Schools											

EMPLOYMENT HISTORY

(Continued)

Position Title: _____ Employer: _____ Mailing Address: _____ City, State, Zip: _____ Employer's Telephone Number: (____) _____ Start Date: _____ End Date: _____ Current or Final Salary (\$/hr): _____	Immediate Supervisor: _____ Immediate Supervisor's Title: _____ Immediate Supervisor's Phone#: (____) _____ If Supervisory, Number of Employees You Supervised: _____
Summary of Experience: _____ _____ Specific Reason For Leaving: _____	
Position Title: _____ Employer: _____ Mailing Address: _____ City, State, Zip: _____ Employer's Telephone Number: (____) _____ Start Date: _____ End Date: _____ Current or Final Salary (\$/hr): _____	Immediate Supervisor: _____ Immediate Supervisor's Title: _____ Immediate Supervisor's Phone#: (____) _____ If Supervisory, Number of Employees You Supervised: _____
Summary of Experience: _____ _____ Specific Reason For Leaving: _____	

Attach Additional Sheets (Scratch Pad, etc.) If Necessary

Do you speak any languages other than English, if so how fluently? _____

List special skills or qualifications that enable you to be an above average employee:

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED

1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information shall be grounds for refusal to hire or, if hired, termination.
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
3. I understand that private agencies may be contracted to check with the Texas Department of Public Safety and/or the Federal Bureau of Investigation for any criminal history in accordance with applicable statutes.
4. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

**THIS APPLICATION
MUST BE
SIGNED**

SIGN HERE: _____

DATE: _____