

# Application for Employment



Date Submitted \_\_\_\_\_

Gat Creek is an Equal Opportunity Employer and does not discriminate on the basis of gender, age, race, color, religion, national origin, mental or physical disability, genetic information or marital or veteran status. No application will be rejected as a result of disability that, with reasonable accommodations, does not prevent performance of the essential job duties.

Applying for:  Full Time       Part Time  
Interested in:  Woodshop     Finishing     Shipping     Delivery/Driver  
 Customer Service     Maintenance     Other \_\_\_\_\_

## 1. PERSONAL INFORMATION

Your name \_\_\_\_\_  
Your Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Primary Phone \_\_\_\_\_ Second Phone \_\_\_\_\_  
Social Security # (Last 4 digits) \_\_\_\_\_

## 2. WORK EXPERIENCE

Provide your employment history for at least the past ten years, starting with your most recent job. Unless you indicate to the contrary, we assume we have your permission to contact these employers.

(1) Employer \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_  
Dates of Employment: Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Hours per Week \_\_\_\_\_  
Job Title & Responsibilities / Equipment Operated: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

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(2) Employer \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

Dates of Employment: Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Hours per Week \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR

Job Title & Responsibilities / Equipment Operated: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

(3) Employer \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

Dates of Employment: Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Hours per Week \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR

Job Title & Responsibilities / Equipment Operated: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

(4) Employer \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

Dates of Employment: Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Hours per Week \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR

Job Title & Responsibilities / Equipment Operated: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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(5) Employer \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_  
Dates of Employment: Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Hours per Week \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR  
Job Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

(6) Employer \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_  
Dates of Employment: Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Hours per Week \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR  
Job Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

(7) Employer \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_  
Dates of Employment: Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Hours per Week \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR  
Job Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

### 3. EDUCATION AND SKILLS

Please list all High Schools, Colleges, Universities and Vocational or Trade Schools you have attended:

Name of School \_\_\_\_\_ Grade Completed or Degree \_\_\_\_\_  
Name of School \_\_\_\_\_ Grade Completed or Degree \_\_\_\_\_  
Name of School \_\_\_\_\_ Grade Completed or Degree \_\_\_\_\_

## 4. EMPLOYMENT PREFERENCES

When can you report to work? \_\_\_\_\_

Are you legally eligible to be employed in the United States?  Yes  No  
(Proof of identity and eligibility will be required upon employment)

Are you under the age of 18 years?  Yes  No

Have you ever worked under another name?  Yes  No

If Yes, under what other name did you work? \_\_\_\_\_

Have you previously been employed by Tom Seely Furniture or Gat Creek?  Yes  No

If Yes, please complete the following:

Date employed \_\_\_\_\_

Department \_\_\_\_\_ Supervisor \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Have you ever been convicted, pled guilty, no contest, or forfeited bond or bail for any crime other than traffic violations?  Yes  No

If yes, please explain: \_\_\_\_\_  
(Note that conviction of a crime is not an automatic bar to employment. All circumstances will be considered.)

Can you perform the essential functions of the position for which you are applying, with or without accommodations?  Yes  No

If accommodations are needed, please describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. PLEASE READ CAREFULLY BEFORE SIGNING:**

If hired, I will abide by the rules and policies of Gat Creek. I understand that my employment and compensation can be terminated at any time, with or without cause, and with or without notice, at the option of Gat Creek or myself. I understand that the CEO is the only person who will ever have the authority to create any other terms of employment and/or to enter into any employment contract and that all such contracts must be in writing and signed by both parties. However, I also understand that unless otherwise stated in an employment contract, the Company may change, withdraw and interpret other policies (including wages, hours and working conditions) as it deems appropriate.

I authorize my current and previous employers (except as noted) to give any and all information regarding my employment, and I release Gat Creek and my previous supervisors and employers from any and all liability and from any damage that may result from the release of such information.

I understand and acknowledge that I may be required to submit to a physical examination, including drug test. Additionally, I hereby authorize the release of the results of such an examination to Gat Creek for their use in evaluating my suitability for employment. Further, I release the examining facility and Gat Creek from any and all liability and from any damage that may result from the release of such information.

I certify that I have answered this application truthfully and have not withheld any information relative to my application. I understand that any falsification, misrepresentation, or omission, as well as any misleading statements on the application or supporting documents, generally will result in denial of employment or immediate termination.

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Signature

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Date

Equal Opportunity Employer • Drug-Free Workplace