

Employment Application

INSTRUCTIONS

The careful completion of this application is an essential step in our consideration of you for employment. You must complete the entire application. Your application will become inactive when the position for which you applied is filled or after 30 days, whichever occurs first. Before you complete and sign this application, please ask the human resources representative any questions that you may have. If you need a reasonable accommodation in order to complete this application form, please notify the human resources representative. Thank you.

Applicant Information				
Applicant's Name (Last, First, M.I.)			Date	
Street Address (Include Apt./Unit #)			Telephone	
			Type: <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Other	
City	State	Zip	Driver's License No. (If required by position)	
Personal E-mail Address:				
Do you have current and unrestricted authorization to work in the United States on a full or part-time basis? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:				
Position Applying For	Date Available	Desired Salary	How did you learn about this position opening?	
Indicate which shifts willing to work (By Preference 1,2,3) ___ Days (1 st) ___ Afternoons/Evenings (2 nd) ___ Nights (3 rd)				
Employment Type: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> Co-op				
Are any of your employment records under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide names:				
Have you ever worked for this company? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, when?		
List all individual(s) you are related to or know currently working for the Company:				
Education and Training				
High School Name		Address		
From	To	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Type	<input type="checkbox"/> HS Diploma <input type="checkbox"/> GED
College Name		Address		
From	To	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Type	<input type="checkbox"/> Associates <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Other: _____
Other		Address		
From	To	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Type	<input type="checkbox"/> Associates <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Other: _____
Occupational Licenses, Registration, Certificates				
License/Certificates Issued By	Field/Trade/Specialization	License/Certification No.	Issue Date	Expiration Date

Background Information

Have you ever been convicted of a crime or arrested for a felony that has not been expunged by a court?* Yes No
 If yes, please provide date, nature of incident, and disposition:

*answering "Yes" does not cause an automatic bar to employment

Are there any felony charges pending against you? Yes No If yes, please explain:

Have you ever been discharged or suspended by an employer? Yes No
 If yes, please explain:

Military Service

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain:		

Employment History

Please list below all work-related experience, starting with the most recent employment and working backwards. Provide a detailed description of regularly assigned ongoing duties for each job. Additional sheets may be attached if necessary.

Job Title	Dates of Employment (Month & Year)	From	To
Employer	Supervisor Name and Title		
Business Address	Phone	Starting Wage \$ _____ per _____	Ending Wage \$ _____ per _____
Description of job duties/responsibilities and give approximate percentage of major duties			Reason for leaving
May we contact your present/previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Job Title	Dates of Employment (Month & Year)	From	To
Employer	Supervisor Name and Title		
Business Address	Phone	Starting Wage \$ _____ per _____	Ending Wage \$ _____ per _____
Description of job duties/responsibilities and give approximate percentage of major duties			Reason for leaving
May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Job Title	Dates of Employment (Month & Year)	From	To
Employer	Supervisor Name and Title		
Business Address	Phone	Starting Wage \$ _____ per _____	Ending Wage \$ _____ per _____
Description of job duties/responsibilities and give approximate percentage of major duties			Reason for leaving
May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Special Skills: List training, software, office machines you can operate, typing speed, languages you speak fluently or experience relevant to the position for which you are applying:

References

Please list three (3) professional references.

Contact Person (Full Name)	Occupation/ Title		
Company Name	Phone		
Address			

Contact Person (Full Name)	Occupation/ Title		
Company Name	Phone		
Address			

Contact Person (Full Name)	Occupation/ Title		
Company Name	Phone		
Address			

Applicant Certification, Disclaimer, Signature

I certify that all information above is true and complete. I also agree and understand that any false information will result in forfeiting any rights to consideration for employment with GNS North America or termination if discovered after I have been hired. I authorize the company and/or third-party administrator to make inquiries in connection with my application for employment, including consumer reports. I authorize my current and/or former employers, persons or agencies contacted to participate or conduct inquiries to furnish any information obtained. I authorize the company to furnish copies of the authorization and application to any person(s) and/or consumer reporting agencies in connections with the above purposes. I waive notice that such information has been requested or was produced to the company. I release any and all claims resulting from furnishing such information. I understand that all employees of the Company are employed on an At-Will basis. I understand that this means that my employment is for an indefinite period of time and may be terminated by either the Company or me at any time, with or without cause, and with or without prior notice, warning or discipline.

Applicant's Signature	Date
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Visit our website at: www.gnsauto.com

GNS North America is an equal opportunity employer and will not unlawfully discriminate employment against any individual or group because of race, sex, religion, age, height, weight, genetic information, national origin, color, marital status, qualified disability, veteran status or other legally protected characteristic. Applicants with a disability who may need an accommodation to participate in the interview process should make such a request when contacted to schedule an interview. This application form is available in alternate accessible formats upon request. If employment is granted the employee will notify Human Resources in writing of ADA notice as soon as possible. If an employment offer is extended and accepted the employee will be run through E-Verify. This will be done to verify the employee's working eligibility with the SSA, DOL and DHS.