



# Application for Employment

This application will only be effective 90 days.

## AN EQUAL OPPORTUNITY EMPLOYER

GFA Inc. is an equal opportunity employer. This company will not under any circumstances discriminate against a Team Member or Applicant with regard to race, age, sex, national origin, religion, disability, veteran status or any other status protected by law.

**PERSONAL INFORMATION** *Incomplete information could disqualify you from further consideration. Please Print.*

Applicant Data			
Last Name, First Name, Middle Initial			Today's Date
Present Address	City	State	Zip
Home Telephone Number	Cell Telephone Number	Email Address	

Position Data	
What position are you applying for?	Desired Salary:
Do you know of any reason why you would not be able to perform the essential functions of the job you are seeking?	
Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Explain:	
Are you legally authorized to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you at least 18 years or older? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you available for overtime if needed? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Are you willing to work: Full Time? Yes <input type="checkbox"/> No <input type="checkbox"/> Part Time? Yes <input type="checkbox"/> No <input type="checkbox"/>							
Weekends? Yes <input type="checkbox"/> No <input type="checkbox"/> Evenings? Yes <input type="checkbox"/> No <input type="checkbox"/>							
Hours you are available for work:							
Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Starting Time							
Ending Time							
Any Shift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Education	Name and location of school	No. of years attended	Degree Received	Subjects Studied/ Major
High School				
College or University				
Trade, Business, or Correspondence School				
Specialty Training				

Technical /Vocational License or Certificates			
Certification	Expiration Date	Issuer	ID Number

Have you ever worked for GFA Inc. or Glovis Georgia, Glovis Alabama, Glovis America as a full time, part time or temporary employee? Yes No If Yes, Explain: (dates of employment, company, and reason for leaving)

**EMPLOYMENT HISTORY** Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration.*

From (Month, Year)	To (Month, Year)	Employer Name	Telephone
<b>Job Title</b>		<b>Address</b>	
<b>Immediate Supervisor and Title</b>		<b>Summarize the nature of the work performed and job responsibilities.</b>	
<b>Reason for leaving</b>			<b>Hourly Rate/ Salary</b>

From (Month, Year)	To (Month, Year)	Employer Name	Telephone
<b>Job Title</b>		<b>Address</b>	
<b>Immediate Supervisor and Title</b>		<b>Summarize the nature of the work performed and job responsibilities.</b>	
<b>Reason for leaving</b>			<b>Hourly Rate/ Salary</b>

<b>From (Month, Year)</b>	<b>To (Month, Year)</b>	<b>Employer Name</b>	<b>Telephone</b>
<b>Job Title</b>		<b>Address</b>	
<b>Immediate Supervisor and Title</b>		<b>Summarize the nature of the work performed and job responsibilities.</b>	
<b>Reason for leaving</b>			<b>Hourly Rate/ Salary</b>
<b>From (Month, Year)</b>	<b>To (Month, Year)</b>	<b>Employer Name</b>	<b>Telephone</b>
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<b>Immediate Supervisor and Title</b>		<b>Summarize the nature of the work performed and job responsibilities.</b>	
<b>Reason for leaving</b>			<b>Hourly Rate/ Salary</b>
<b>From (Month, Year)</b>	<b>To (Month, Year)</b>	<b>Employer Name</b>	<b>Telephone</b>
<b>Job Title</b>		<b>Address</b>	
<b>Immediate Supervisor and Title</b>		<b>Summarize the nature of the work performed and job responsibilities.</b>	
<b>Reason for leaving</b>			<b>Hourly Rate/ Salary</b>

**REFERENCES** Please list three professional references, which you have known at least three (3) years.

Name	Phone	Company	Years Acquainted

**Additional Information**

At any past time, have you ever pled no contest, nolo, or guilty to a felony or misdemeanor, or been convicted of a felony or misdemeanor? **Yes No**

Are there any charges currently pending against you? **Yes No**

If you answered yes to either or both of the two proceeding questions, please provide dates and details:

**REFERRAL SOURCE**

How did you hear about us? Walk In, Advertisement, Referral, Other (Please list name of referral)

Do you have any Relatives that work for this company? Yes/ No If yes, who?

**Please read carefully before signing.**

GFA Inc. is an equal opportunity employer. GFA Inc. does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I agree to submit to a post-offer, pre-employment physical examination and drug screen, and to periodic drug (including alcohol) screenings as permitted by law. I agree to execute any release or waiver, including, if necessary, a waiver of rights conferred by the American Health Insurance Portability and Accountability Act of 1996 (HIPPA), that is required to authorize a health care provider or medical review officer to release to the company the results of any such physical examination/ drug screen. I also authorize GFA Inc. to request from my present and former employers, and any other source any information which GFA Inc. may lawfully seek in considering my application for employment, and I hereby release GFA Inc, and such other employers or sources, from any liability whatsoever for requesting and/or providing such information.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for GFA Inc. to hire me. If I am hired, I understand that either GFA Inc. or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of GFA Inc. has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to GFA Inc. true and complete information on this application. No requested information has been concealed. I authorize GFA Inc. to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

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Printed Name

Signature

Date