



EMPLOYMENT APPLICATION

GTI Federal is an Equal Employment Opportunity employer. It is our policy to provide equal opportunity to all employees and applicants and to prohibit any discrimination because of race, color, religion, sex, national origin, age, marital status, disability, Veteran status or any other characteristic protected by law.

P E R S O N A L	Last Name		First	M.I.	Previous Name(s)		Date	
	Street Address					Apt.		Home Telephone () -
	City,					State		Zip
	Have you applied for employment with GTI Federal before? <input type="checkbox"/> Yes <input type="checkbox"/> No					Social Security Number		
	If yes, Month					Year		Location
	Position Desired:					Desired Wage: per		
	Type of employment applying for: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> As Needed <input type="checkbox"/> Temporary					Shift Preference: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> Any		
	Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(Proof of U.S. citizenship or immigration will be required upon employment)</small>					Are you 18 years old or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date available for work:
	Where did you hear about us? Check all that apply. <input type="checkbox"/> Response to Ad <input type="checkbox"/> Job Fair <input type="checkbox"/> Radio <input type="checkbox"/> Walk-in <input type="checkbox"/> Employee <input type="checkbox"/> Referral <input type="checkbox"/> State Employment Agency <input type="checkbox"/> Internet <input type="checkbox"/> Other					If current GTI Federal employee referred you, please list their name. (For use in our Employee Referral Program):		
	<i>Note: Do not fill out any part of this section you believe to be non job related</i> Do you have a valid U.S. driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No Name on License: DL#: State of Issue: Are you able to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No Please list restrictions: Have you had any traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:					<i>Note: Do not fill out any part of this section you believe to be non job related</i> In what languages are you fluent? English: <input type="checkbox"/> Speak <input type="checkbox"/> Write <input type="checkbox"/> Translate Spanish: <input type="checkbox"/> Speak <input type="checkbox"/> Write <input type="checkbox"/> Translate Other: <input type="checkbox"/> Speak <input type="checkbox"/> Write <input type="checkbox"/> Translate		
E D U C A T I O N	School	Name and Location of School		Course of Study		No. Years Completed	Did you Graduate?	Degree or Diploma
	Graduate School						<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College/ Technical Business/Trade/						<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Typing: Apx. WPM:		Professional Licenses or Certifications: Type State(s) Issued: Exp. Date: No. Type State(s) Issued: Exp. Date: No.						
Use this area (or an additional page if necessary) to provide additional information which would be of value in considering your application including military training, volunteer or public service (include dates):								

