

3600 West 3rd Avenue, Gary, Indiana 46406 – <u>www.garysanitary.com</u> (219) 944-0595 – Telephone (219) 977-8318 – Facsimile

Employment Application

Application				
Last Name	First	Middle	Date	
Street Address	City	State	Zip	
Home Phone		Business/Messo	age Phone	
Position Applying For	Check One			
	Or More		□Full Time □ Part Time	
□Temporary/Educational Have you previously applied for or been employed	Datas	Position (s)		
With GSD?	Dutes	T OSWON(S)		
Date of Birth		Social Security 1	Number	
If you are under 18, can you furnish a work permit -YES -NO				
Are you legally eligible for employment in the U.S.		. .		
(Proof of U.S. citizenship or immigration status wit □YES □-NO	ll be required upo	n employment)		
Driver's License Number				
Have you ever used another name other than what	is listed above?			
□YES □-NO				
If yes, what was the name?				
In the spaces provided, please list each address you	have resided sind	ce age 18:		
то 🔲-🔲-🔲				
From				

Educational and Professional Training				
Do you possess a high school dip	loma or GED?			
NAME OF SCHOOL	CITY & STAT	E	DEGREES	MAJOR
College or University				
Technical, Business or Other				
Employment History (A	nswer all questions f	for each en	ıployer listed)	
Beginning with your current or most positions applied for) including militations				en years (or longer if pertinent to the months.
Employer Name		Phone		
Street Address	(City	State	Zip
Position or Title	2	Supervisor		Dates of Employment
Reason For Leaving				
May we contact this employer fo	r a work reference?			
If no, please explain				
Employer Name	I	Phone		
Street Address	(City	State	Zip
Position or Title		Supervisor		Dates of Employment
				$From \bigsqcup - \bigsqcup $
Reason For Leaving				
M	1			
<i>May we contact this employer fo</i> □-YES □-NO	r a work rejerence?			
If no, please explain		21		
Employer Name	ł	Phone		
Street Address	(City	State	Zip
Position or Title	2	Supervisor		Dates of Employment
Reason For Leaving				
May we contact this employer fo	r a work reference?			
□-YES □-NO If no, please explain				
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Employer Name	Phone		
Street Address	City	State	Zip
Position or Title	Supervisor		Dates of Employment From D-D-D-D To D-D-D-D
Reason For Leaving			
May we contact this employer for a w □-YES □-NO If no, please explain	ork reference?		
Indicate certificates, training and/or	skills which are applicable to the	e position you desire:	

Pr	ofessional References	(Individuals who can provide job related reference information)
1.	Name of Reference	Address
	Company/Occupation	
		Working
	Current Phone	Relationship
2.	Name of Reference	Address
	Company/Occupation	
	Current Phone	Working Relationship
3.	Name of Reference	Address
	Company/Occupation	
		Working
	Current Phone	Relationship

DECLARATION -

I understand that before I can be hired and begin work, I must take and successfully pass a preemployment DRUG SCREENING, administered by a physician designated by the District. I hereby authorize the release of all prior medical records to the physician pertaining to my employment. I also authorize the release of all my prior employment information to the bearer of this release.

I give the District the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the District and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Signature of Applicant:	
Printed Name:	
Date:	