



# Job Application

4490 Alicia Lane  
Cumming, GA 30028

Ph: 770-887-8008  
Fax: 678-341-3275

## Personal Information

Last		First	MI	Today's Date: / /	Email	
Street Address		City	ST	Zip	Home Phone	Mobile Phone
Are you entitled to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		Social Security Number: - -	
Have you been convicted of a felony or been incarcerated in connection with a felony in the past seven years? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, please explain:			
Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No Branch			Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		How did you hear about this position?	
What position are you applying for?			What shift are you able to work: (1st = 8am to 4pm, 2nd = 4pm to 12am, 3rd = 12am to 8am) Any <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>			
Expected Hourly Rate	Date Available to start work:		Have you worked at GMB Plastics before: <input type="checkbox"/> Yes <input type="checkbox"/> No When _____		Any of your friends or relatives work here: <input type="checkbox"/> Yes <input type="checkbox"/> No Name _____	

## Prior Work Experience

	Current or Most Recent	Prior	Prior
Employer			
Address			
City, ST, ZIP			
Telephone			
Name of Immediate Supervisor			
Dates of Employment	From To	From To	From To
Position/Job Title			
Pay			
Reason for Leaving			
May We Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Education

	Name/Location	Last Year Complete	Degree (or GED)	Major or Emphasis
High School				
College/University				
Trade School				
Other				
List any applicable special skills, training or proficiencies.				

## Personal References

	Reference 1	Reference 2	Reference 3
Name			
Address			
City, ST, ZIP			
Telephone			

Disclaimer - By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also provide consent for former employers to be contacted regarding work records and consent for a background check.

Signature

Date