



# Employment History

*Please list most recent employment first*

Name of Employer			
Street Address	City	State	Zip
Telephone Number (Include Area Code)	Supervisor's Name		May we Contact? <input type="radio"/> Yes <input type="radio"/> No
Your Job Title	Employed FROM: (mo/yr) TO: (mo/yr)	Salary/Hourly Rate (optional) START: END:	
Duties			
Reason for Leaving			

Name of Employer			
Street Address	City	State	Zip
Telephone Number (Include Area Code)	Supervisor's Name		May we Contact? <input type="radio"/> Yes <input type="radio"/> No
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Telephone Number (Include Area Code)	Supervisor's Name		May we Contact? <input type="radio"/> Yes <input type="radio"/> No
Your Job Title	Employed FROM: (mo/yr) TO: (mo/yr)	Salary/Hourly Rate (optional) START: END:	
Duties			
Reason for Leaving			

## Skills

Indicate office equipment you can operate. Word Processor/Software: \_\_\_\_\_

Adding Machine/Calculator: \_\_\_\_\_

Phone Systems: \_\_\_\_\_ Type: \_\_\_\_\_ Number of Lines: \_\_\_\_\_

Type:  Yes  No WPM: \_\_\_\_\_ Dictation:  Yes  No WPM: \_\_\_\_\_ Dictaphone:  Yes  No

Other Related Skills: \_\_\_\_\_

### **General Information**

Are you legally authorized to work in the United States?  Yes  No

Do you have a valid Minnesota Driver's License?  Yes  No

Have you ever been convicted of a criminal offense?  Yes  No Date: \_\_\_\_\_ Place: \_\_\_\_\_

Nature: \_\_\_\_\_  
(An affirmative answer will not automatically disqualify you from being considered as a candidate for employment.)

Have you previously applied for employment here?  Yes  No If yes, when? \_\_\_\_\_

Have you previously been employed by this company?  Yes  No If yes, when? \_\_\_\_\_

## Military Service

Have you ever served in a U.S. military branch?  Yes  No Dates: \_\_\_\_\_ Branch: \_\_\_\_\_

## Professional References

*Not Current Employers or Relatives—At Least Three*

NAME AND ADDRESS	OCCUPATION	PHONE

## Certification & Release

I certify that I have read and understand the "Applicant Note" on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentation of the facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said person, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Signed \_\_\_\_\_

Date \_\_\_\_\_

# Release of Information Authorization

As evidence of my desire to obtain employment with GCI Systems, I empower you and/or your agents to retrieve information from all personnel, educational institutions, government agencies, companies, corporations, credit reporting agencies, any law enforcement agency at the federal, state, or country level, worker's compensation agencies or individuals, relating to my past activities, to supply any and all information concerning my background, and release the same from any liability resulting in providing such information. The information received may include, but is not limited to, academic, residential, achievement, job performance, attendance, litigation, personal history, credit reports, driving history, disciplinary and conviction records.

A report may be prepared summarizing this information. If my prior employers and/or personal references are contacted, the report may include information obtained through personal interviews regarding my character, general reputation, personal characteristics, and/or mode of living. I may make a written request to obtain a description of the nature and scope of any report which is prepared regarding me. I may request this information in writing and direct my written request to Verifications, Inc., PO Box 2015, Minneapolis, MN 55402. I may also obtain a copy of this report by checking at the bottom of this disclosure.

By my signature below, I hereby release any individual or institution, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at the time result to me, because of compliance with this authorization and request to release information of any attempt to comply with it.

I hereby certify that all the statements and answers set forth on the application form and/or my resume are true and complete to the best of my knowledge, and I understand that if subsequent to employment any such statements and/or answers are found false or that information has been omitted, such false statements or omissions will be just cause for the termination of my employment.

- No, I do not want a copy of any written background report regarding me.
- Yes, I would like a copy of any written background report regarding me.

Last Name	First Name	Middle Name
Previous Name	Date Changed	
Street Address		
City	State	Zip Code
Social Security Number	Date of Birth	
Driver's License Number	State of License	

I am willing that a photocopy of this authorization be accepted with the same authority as the original and this release expires one year after the date of origination.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Notary [Necessary for Workers Compensation and certain Statewide Criminal Checks]

State: \_\_\_\_\_ County of: \_\_\_\_\_

Signature: \_\_\_\_\_ My Commission Expires on: \_\_\_\_\_