

Application For Employment

Glik's is an equal opportunity employer and does not discriminate on the basis of race, color, sex, age, religion, or disability. Glik's only hires individuals who are authorized for employment in the United States.



www.gliks.com

Position (s)
Applied For: _____

() Full Time

() Part Time

() Temporary

Date of
Application _____

Date
Available _____

PERSONAL INFORMATION

Last Name	First Name	Middle Name	Are you authorized to work in the U.S.? () Yes () No
Present Street Address	City	State	Zip
			How long have you lived there? Yrs. Mo.
Previous Street Address	City	State	Zip
			How long did you live there? Yrs. Mo.
Home Phone Number			If you are under 18 years of age, state your age:

EDUCATION

	High	College/University	Graduate/Professional
School Name			
Years Completed (Dropdown)			
Diploma/Degree			
Describe Course Of Study			
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities			

Honors Received:

PERSON TO CONTACT IN CASE OF EMERGENCY

This information is used to aid contact in the event of an emergency and it is not used in the selection process.

Full Name	Address	Phone #	Relation to you?
Place of Employment	Address	Phone #	

EMPLOYMENT HISTORY

List employment starting with your most recent position. Account for any time during which you were unemployed stating the nature of your activities. If you have less than four places of employment, include personal references to be contacted.

May we contact your present employer? () Yes () No

Dates	Name and Address of Employer	Position/Supervisor	List Major Duties	Wages	Reasons For Leaving
From: _____/_____/_____ Mo. Yr. To: _____/_____/_____ Mo. Yr.	Name	Job Title		Starting	
	Address	Supervisor		Final	
	Phone				
From: _____/_____/_____ Mo. Yr. To: _____/_____/_____ Mo. Yr.	Name	Job Title		Starting	
	Address	Supervisor		Final	
	Phone				
From: _____/_____/_____ Mo. Yr. To: _____/_____/_____ Mo. Yr.	Name	Job Title		Starting	
	Address	Supervisor		Final	
	Phone				
From: _____/_____/_____ Mo. Yr. To: _____/_____/_____ Mo. Yr.	Name	Job Title		Starting	
	Address	Supervisor		Final	
	Phone				

Have you ever filed an application here before? () Yes () No Have you ever been employed here before? () Yes () No

Please list the names of friends and relatives who work at Glik's _____

SPECIAL SKILLS

Please list any other skills applicable to the position applied for

PLEASE READ THIS STATEMENT CAREFULLY

I hereby affirm that the information given by me on this application is complete and accurate. I understand that any falsification or omission will be immediate grounds for dismissal. I authorized a thorough investigation to be made in connection with this application concerning my character, general reputation, employment and education background, and criminal record, whichever may be applicable. I understand what this investigation may include, and I hereby authorize the release of documents, and personal interviews with third parties, such as prior employers, family members, business associates, financial sources, friends, neighbors, or others with whom I am acquainted. I further understand that I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of the nature and scope of the investigation.

It is understood that, as a condition of initial or continued employment, I agree to submit to such lawful examinations, medical, substance abuse, or other, as may be required by the company. The company will pay the reasonable cost of any such examination, which may be required.

If I am hired, I agree that my employment and compensation can be terminated with or without cause and without notice, at any time, at the option of Glik's or myself. I understand that, unless modified by written agreement, signed by both me and the President of the Company, no manager or other representative of Glik's has the authority to make any agreement contrary to the foregoing, or to enter into any agreement for employment for a specified period of time, or to make any agreement contrary to other policies and practices of Glik's.

I have read and affirm as my own the above statements.

Signature

Date