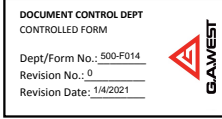


Application for Employment



Void After 30 Days

Equal access is given to programs, services and employment to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department of G. A. West & Co., Inc..

Position (s) applied for _____ Date of application ____/____/____

Referral Source Advertisement Employee Relative Government Employment Agency
 Walk-in Private Employment Agency Other _____

Name of source (if applicable) _____

Name _____
Last First Middle

Address _____ Social Security # _____
Street City State Zip Code

Telephone # () _____ 2nd Telephone # () _____ E-Mail Address _____

If necessary, best time to call you at home is _____ : _____ AM PM

May we contact you at work? _____ Yes ___ No

If Yes, work number and best time to call _____ () _____ : _____ AM PM

If you are under 18 and it is required, can you furnish a work permit? _____ Yes ___ No

If No, please Explain _____

Have you submitted an application here before? _____ Yes ___ No

If yes, give date (s) and position (s) _____

Have you ever been employed here before? _____ Yes ___ No

If yes, give dates _____ From ____/____/____ To ____/____/____

Are you legally eligible for employment in this Country? _____ Yes ___ No

Date available for work _____/____/____ What is your desired salary range?\$ _____

Type of employment desired Full Time Part Time Temporary Seasonal Education Co-op

Will you relocate if the job requires it? Yes ___ No Will you travel if the job requires it? Yes ___ No

Are you able to meet the attendance requirements of the position? Yes ___ No

Will you work overtime if required? Yes ___ No

If no, please explain _____

Have you ever been bonded? Yes ___ No

Have you ever plead "guilty" or "no contest" to, or been convicted of a crime? Yes ___ No

If yes, please provide date (s) and details _____

Answering "yes" to these questions does not constitute an automatic bar to employment. Consideration for date of offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Driver's license number and automobile tag number _____
Driver's License State Tag Number State

Employment History

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

Employer _____ Telephone _____ Address _____ Job Title _____ Supervisor _____ Reason for Leaving _____ Whom may we contact? How? _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">Dates Employed</th> </tr> <tr> <td style="text-align: center;">To</td> <td style="text-align: center;">From</td> </tr> <tr> <th colspan="2" style="text-align: center;">Hourly Rate/Salary</th> </tr> <tr> <th colspan="2" style="text-align: center;">Starting Pay</th> </tr> <tr> <td style="text-align: center;">\$</td> <td style="text-align: center;">Per</td> </tr> <tr> <th colspan="2" style="text-align: center;">Final Pay</th> </tr> <tr> <td style="text-align: center;">\$</td> <td style="text-align: center;">Per</td> </tr> </table>	Dates Employed		To	From	Hourly Rate/Salary		Starting Pay		\$	Per	Final Pay		\$	Per	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> List type of work performed. Also, detail the duties you performed. </div> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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COMMENTS including explanation of any lapse in employment _____

Education

Educational Institute	Years Completed	Degree Received	Grade Average	Course of Study

List Special Training, Skills, License, or any other qualifications that may enhance your ability to perform the position for which you are applying. (Such as OSHA Card/ABC Card/ CPR Card/ Equipment Certification/ CDL / Etc)

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List any professional, business, or civic organizations to which you have been or are a member and any office or position you held.

Organization	Office or Position Held

References

List name and telephone number of the references you have know professionally who are not related to you and are not previous supervisors. If not applicable list three school or personal references who are not related to you.

Name	Telephone	Number of Years Known
	()	
	()	
	()	

List any additional information you would like us to consider in hiring you.

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Statement of Applicant

I understand that any information provided by me that is found to be un true, incomplete or misrepresented in any respect, will be sufficient cause to cancel further consideration of this application, or immediately discharge me from the employer's service whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no questions on this applications is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the end of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the forgoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I certify that all the information that I have provided in this application for employment with G.A. West & Co., Inc. is true, complete and correct.

Application Void After 30 Days

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Statement of Applicant.

Signature of Applicant _____ **Date** ____/____/____