

GTS Interior Supply

10819 120th Ave NE
Kirkland, WA 98033

(425) 828-0608
(Please Print In Ink)

EMPLOYMENT APPLICATION

If for driver position, this application must be completed by the applicant.

This company is AN EQUAL OPPORTUNITY EMPLOYER and does not discriminate against any applicant because of his or her race, color, religion, national origin, sex, age, marital status or disability.

Position Applying For _____ Full-time Part-time Temporary
Date Available For Work _____

PERSONAL INFORMATION

Name _____
Last First Middle Social Security Number

Present Address _____
Number, Apt. # and Street

_____ () _____
City State Zip How Long? Home Phone Number

If hired, can you furnish proof of age? Yes No

Previous Residence Address(es) for past 3 years:

What days and hours are you available to work? _____

Any objection to overnight travel? Yes No

Have you ever been employed by this company or any company primarily selling or manufacturing drywall products? Yes No If yes, when? _____

Company Name _____ City, State _____

(The next question does not include those convictions that have been sealed or expunged.)

Have you ever been convicted of a crime, had the adjudication of a crime withheld or pled *nolo contendere* to a crime involving theft, violence or drugs in the past 10 years? Yes No If yes, please specify:

Referred by: Employee Newspaper Employment Agency State Employment Service
 Other _____

EDUCATION & TRAINING

Circle last grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College 13 14 15 16 17 18 19
 Associate Degree Bachelor's Degree Master's Degree Ph.D.

Are you currently attending school? Yes No Name of School: _____

List machines, work appliances, etc., on which you have had experience. _____

Describe experience, education, or training applicable to position for which you are applying. _____

W.P.M. Accuracy: Typing _____ Shorthand _____

EMPLOYMENT HISTORY (*Past 10 years for drivers with Commercial Driver's License)

Begin with present or last employer	Dates of Employment	Kind of Work Performed and Supervisors	Earnings	Reason(s) for Leaving	Were you subject to the Federal Motor Carrier Safety Regulations while working for this employer?	Was your job designated as a "safety sensitive function" subject to DOT drug and alcohol testing?
Company Name _____ Address _____ _____ City, State, Zip _____ Phone No. _____	From _____ to _____	Job(s) Held: _____ Supervisor(s): _____	\$ _____ per hour week month year		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Company Name _____ Address _____ _____ City, State, Zip _____ Phone No. _____	From _____ to _____	Job(s) Held: _____ Supervisor(s): _____	\$ _____ per hour week month year		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Company Name _____ Address _____ _____ City, State, Zip _____ Phone No. _____	From _____ to _____	Job(s) Held: _____ Supervisor(s): _____	\$ _____ per hour week month year		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Place an "X" next to the name(s) of the employers above you DON'T want us to contact.

*Continue on page 4, if necessary.

PERSONAL REFERENCES - DO NOT LIST RELATIVES - LIST AT LEAST TWO REFERENCES KNOWN AT LEAST ONE YEAR - LIST ADDITIONAL REFERENCES ON PAGE 4.

Name _____	Name _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Phone No. _____	Phone No. _____

DRIVING HISTORY

Current Unexpired Driver's Licenses or Permits:

State	License Number	Type	Expiration Date

Commercial Vehicle Driving Experience for Past 3 Years (List additional on Page 4):

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Total Miles of Operation	Dates of Operation From To	Employer Name (Must be filled out)
Bus				
Straight Truck				
Tractor/Semi-Trailer				
Other				

***Please note that your previous employment information may be used and your prior employers may be contacted for the purposes of investigating your safety performance history as required by law.

Accident record for past 3 years (List additional on Page 4):

Date of Accident	Nature of Accident (head-on, rear-end, upset, etc.)	Number of Fatalities	Number of Injuries
Last Accident			
Next Previous			
Next Previous			
Next Previous			

Traffic convictions and forfeitures for the past 3 years (Other than parking violations):

Location (City, State)	Date	Charge	Penalty

- A. Are you at least 21 years of age? Yes No
- B. Have you ever been denied a license, permit or privilege to operate a motor vehicle?
If "Yes," explain below. Yes No
- C. Has any license, permit or privilege ever been suspended or revoked?
If "Yes," explain below. Yes No
- D. Have you been driving at least 3 years? Yes No

**Details of Driver's License/Permit/Privileges Denials, Suspensions and Revocations
(List additional on Page 4):**

State	License Number	Reason for Denial or Loss of Privilege	Dates of Denial or Loss of Privilege From To	

I hereby authorize GTS Interior Supply, or its agents, to make a thorough investigation of my past employment and activities, including driver investigations required by 49 CFR 391.23.

I do hereby release said company and its agents - and all persons, companies and corporations supplying such information to the said company and its agents - from any claims and all liability that might arise from this investigation into my application for employment.

I understand that any false answers or statements made by me on this application or other required documents may be considered sufficient cause for denial of employment or discharge.

On entering employment, I agree to observe all the work rules of my employer, and to perform satisfactorily such duties as may be assigned to me from time to time. I understand and agree that either I or the Company may terminate my employment with or without cause at any time and that my employment is not for any definite period of time. In addition, I understand and agree that these terms of employment may not be modified or waived except by the company president in a written document bearing his signature.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I understand that this application will remain active for a period of thirty (30) days, unless I renew it personally and in writing.

Signature of Applicant _____ Date _____

Signature of Witness _____

Thank you for your interest in employment with our company.