



3600 West 3<sup>rd</sup> Avenue, Gary, Indiana 46406 – [www.garysanitary.com](http://www.garysanitary.com)  
 (219) 944-0595 – Telephone  
 (219) 944-4471 – Facsimile

## Employment Application

<b>Application</b>			
Last Name	First	Middle	Date
<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Home Phone</b>		<b>Business/Message Phone</b>	
<b>Position Applying For</b>	<b>Check One Or More</b>		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
<input type="checkbox"/> Temporary/Educational			
<b>Have you previously applied for or been employed With GSD?</b>		<b>Dates</b>	
		<b>Position(s)</b>	
<b>Date of Birth</b>		<b>Social Security Number</b>	
□□-□□-□□□□		□□□-□□-□□□□	
<b>If you are under 18, can you furnish a work permit?</b>			
<input type="checkbox"/> -YES <input type="checkbox"/> -NO			
<b>Are you legally eligible for employment in the U.S.?</b>			
<i>(Proof of U.S. citizenship or immigration status will be required upon employment)</i>			
<input type="checkbox"/> YES <input type="checkbox"/> -NO			
<b>Driver's License Number</b>			
<b>Have you ever used another name other than what is listed above?</b>			
<input type="checkbox"/> YES <input type="checkbox"/> -NO			
<b>If yes, what was the name?</b>			
<b>In the spaces provided, please list each address you have resided since age 18:</b>			
From □□-□□-□□			
To    □□-□□-□□			
From □□-□□-□□			
To    □□-□□-□□			
From □□-□□-□□			
To    □□-□□-□□			
From □□-□□-□□			
To    □□-□□-□□			

## Educational and Professional Training

Do you possess a high school diploma or GED?

YES  NO

<i>NAME OF SCHOOL</i> College or University	<i>CITY &amp; STATE</i>	<i>DEGREES</i>	<i>MAJOR</i>
<i>Technical, Business or Other</i>			

## Employment History (Answer all questions for each employer listed)

Beginning with your current or most current job, list all paid or unpaid work experience during the last ten years (or longer if pertinent to the positions applied for) including military experience. Explain any gaps in your work experience that exceed six months.

Employer Name	Phone		
<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Position or Title</i>	<i>Supervisor</i>	<i>Dates of Employment</i>	
		From <input type="text"/> - <input type="text"/> - <input type="text"/>	
		To <input type="text"/> - <input type="text"/> - <input type="text"/>	

*Reason For Leaving*

*May we contact this employer for a work reference?*

YES  NO

**If no, please explain**

Employer Name	Phone		
<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Position or Title</i>	<i>Supervisor</i>	<i>Dates of Employment</i>	
		From <input type="text"/> - <input type="text"/> - <input type="text"/>	
		To <input type="text"/> - <input type="text"/> - <input type="text"/>	

*Reason For Leaving*

*May we contact this employer for a work reference?*

YES  NO

**If no, please explain**

Employer Name	Phone		
<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Position or Title</i>	<i>Supervisor</i>	<i>Dates of Employment</i>	
		From <input type="text"/> - <input type="text"/> - <input type="text"/>	
		To <input type="text"/> - <input type="text"/> - <input type="text"/>	

*Reason For Leaving*

*May we contact this employer for a work reference?*

YES  NO

**If no, please explain**

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Employer Name	Phone		
Street Address	City	State	Zip
Position or Title	Supervisor	<b>Dates of Employment</b> From <input type="text"/> - <input type="text"/> - <input type="text"/> To <input type="text"/> - <input type="text"/> - <input type="text"/>	
Reason For Leaving			
May we contact this employer for a work reference? <input type="checkbox"/> -YES <input type="checkbox"/> -NO If no, please explain			
Indicate certificates, training and/or skills which are applicable to the position you desire:			

<b>Professional References (Individuals who can provide job related reference information)</b>			
1.	Name of Reference	Address	
	Company/Occupation		
	Current Phone	Working Relationship	
2.	Name of Reference	Address	
	Company/Occupation		
	Current Phone	Working Relationship	
3.	Name of Reference	Address	
	Company/Occupation		
	Current Phone	Working Relationship	

DECLARATION –

I understand that before I can be hired and begin work, I must take and successfully pass a pre-employment DRUG SCREENING, administered by a physician designated by the District. I hereby authorize the release of all prior medical records to the physician pertaining to my employment. I also authorize the release of all my prior employment information to the bearer of this release.

I give the District the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the District and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Signature of Applicant: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_