



BAGGAGE HANDLING SYSTEMS & EQUIPMENT

476 Southridge Industrial Drive
 Tavares, Florida 32778
 (352) 343-1500 • FAX (352) 343-3990
 www.gtconveyor.com

EMPLOYMENT APPLICATION
 (CONFIDENTIAL)

G & T CONVEYOR COMPANY INC., IS AN EQUAL OPPORTUNITY EMPLOYER BY BOTH POLICY AND PRACTICE AND COMPLIES WITH ALL FEDERAL AND STATE LAWS WHICH FORBID DISCRIMINATION.

| | | | | | | | | | | | | | | |
|-----------------------------------|--|--|-----------------|--|--|--|--|--|------------------------------------|--|--|--|--|--|
| LAST NAME | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| FIRST NAME, MIDDLE INITIAL | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| SOCIAL SECURITY NUMBER | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| STREET | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| CITY | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| STATE | | | ZIP CODE | | | | | | WHAT COUNTY DO YOU LIVE IN: | | | | | |
| | | | | | | | | | | | | | | |
| HOME PHONE | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| WORK PHONE | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

ARE YOU SUBJECT TO STATE, COUNTY, CITY, OR ANY OTHER TAXES THAT SHOULD BE DEDUCTED FROM YOUR CHECK? YES OR NO
 If yes, please explain:

- Thank you for considering G & T Conveyor as an employer. To ensure that we make a hiring decision that is right for you, and us, we use a number of different selection tools and consider a great amount of information before a decision is made. As you go through the employee selection process, you may come in contact with some of the following selection tools.
1. **Employment Application**-Complete all section which pertain to you. Do not include resume as a substitute for completing the application. Sign and date the application. The employment application allows G & T Conveyor to verify the information contained in the application. Falsification of information on the application or failure to provide accurate information can result in disqualification for employment or termination of employment if discovered after hire.
 2. **Employment Interviews**-Several personal (or telephone) interviews may be conducted with you in order to provide more detailed information regarding your background and qualifications.
 3. **Employment Eligibility Verification**-This form is required by the U.S. Department of Justice and the Immigration and Naturalization service. It is used to verify your identity and right to work in the United States.
 4. **Test for Evidence of Substance Abuse**-This is a urinalysis test for abusive levels of any chemical substance.
 5. **Reference Checks**-Former employers and educational references are verified prior to an offer of employment.
 6. **Records Check**-Verification and information checks with the Social Security Administration, criminal courts, state and county repositories of criminal records, Department of Motor Vehicles, and credit bureaus.
 7. **Loss Prevention Interview**-During this interview, you will be asked question concerning your Employment application, any current and past involvement with illegal drugs, any prior felony convictions, any adverse information from prior employers and other related matters.

EDUCATION & TRAINING

| | | | | | | | | | | | | |
|--|---|----|----|----|----|----|----|----|----|----|----|----|
| CIRCLE LAST YEAR OF EDUCATION COMPLETED | | | | | | | | | | | | |
| GRADE SCHOOL | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| HIGH SCHOOL ATTENDED: DIPLOMA/G.E.D. RECEIVED? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | | | |

| BUSINESS SCHOOL, TRADE SCHOOL, COLLEGE OR UNIVERSITY ATTENDED | COURSE OF STUDY (MAJOR AREA OF STUDY) | YEARS ATTENDED MONTH / YEAR | | DEGREE REC'D | GRADE AVG. |
|---|---|-----------------------------------|---|-----------------|---------------|
| NAME: | | FROM | / | | |
| | | TO | / | | |
| CITY/STATE: | | | | | |
| NAME: | | FROM | / | | |
| | | TO | / | | |
| CITY/STATE: | | | | | |
| NAME: | | FROM | / | | |
| | | TO | / | | |
| CITY/STATE: | | | | | |
| NAME: | | FROM | / | | |
| | | TO | / | | |
| CITY/STATE: | | | | | |

LIST ANY MACHINES YOU ARE CAPABLE OF OPERATING AND ANY OTHER SPECIAL SKILL(S) RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING.

LIST ANY HOBBIES, INTERESTS, OR ANY OTHER SKILLS OR HONORS WHICH HAVE A DIRECT BEARING ON THE JOB YOU ARE SEEKING. IDENTIFY ANY LANGUAGES, OTHER THAN ENGLISH YOU CAN SPEAK AND UNDERSTAND. YOU ARE NOT REQUIRED TO LIST ANY INFORMATION WHICH MIGHT REVEAL YOUR RACE, RELIGION, SEX OR NATIONAL ORIGIN.

EMPLOYMENT HISTORY

LIST ALL JOBS, MILITARY SERVICE, VERIFIABLE WORK AND SELF-EMPLOYMENT IN THE USA, BEGINNING WITH PRESENT JOB. INCLUDE ANY PERIOD OF UNEMPLOYMENT GREATER THAN 1 MONTH IN DURATION. PRINT CLEARLY.

**YOU MUST COMPLETE THIS SECTION IN ITS ENTIRETY
EVEN IF YOU INCLUDE A RESUME.**

| NAME OF COMPANY, ADDRESS, STATE, PHONE NUMBER | DATES OF EMPLOYMENT MONTH / YEAR | RATE OF PAY | NAME & PHONE NUMBER OF SUPERVISOR | DUTIES & RESPONSIBILITIES | REASON FOR LEAVING |
|--|--|----------------|--|------------------------------|-----------------------|
| CO. NAME: | FROM / | \$ | NAME: | | |
| | TO / | STARTING | | | |
| STREET: | | \$ | | | |
| | # HRS PER WEEK | ENDING | PHONE: | | |
| PHONE #: () | | HR WK MO YR | | | |
| JOB TITLE: | | CIRCLE ONE | | | |
| MAY WE CONTACT: <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| CO. NAME: | FROM / | \$ | NAME: | | |
| | TO / | STARTING | | | |
| STREET: | | \$ | | | |
| | # HRS PER WEEK | ENDING | PHONE: | | |
| PHONE #: () | | HR WK MO YR | | | |
| JOB TITLE: | | CIRCLE ONE | | | |
| MAY WE CONTACT: <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| CO. NAME: | FROM / | \$ | NAME: | | |
| | TO / | STARTING | | | |
| STREET: | | \$ | | | |
| | # HRS PER WEEK | ENDING | PHONE: | | |
| PHONE #: () | | HR WK MO YR | | | |
| JOB TITLE: | | CIRCLE ONE | | | |
| MAY WE CONTACT: <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| CO. NAME: | FROM / | \$ | NAME: | | |
| | TO / | STARTING | | | |
| STREET: | | \$ | | | |
| | # HRS PER WEEK | ENDING | PHONE: | | |
| PHONE #: () | | HR WK MO YR | | | |
| JOB TITLE: | | CIRCLE ONE | | | |
| MAY WE CONTACT: <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |

HAVE YOU EVER WORKED FOR G & T CONVEYOR COMPANY, INC.? YES NO

IF YES, WHEN: _____

HAVE YOU, WITHIN THE LAST 12 MONTHS, APPLIED FOR A POSITION WITH G & T CONVEYOR CO. INC.?

APPROXIMATE DATE: _____

DO YOU HAVE ANY FRIENDS OR RELATIVES EMPLOYED BY G & T CONVEYOR CO. INC.?

IF YES, PLEASE IDENTIFY: _____

SOURCE OF REFERRAL:

NEWSPAPER AD
CURRENT EMPLOYEE
COLLEGE RECRUITING
OTHER (SPECIFY) _____

EMPLOYMENT AGENCY
STATE EMPLOYMENT AGENCY
FORMER EMPLOYEE

ARE YOU ELIGIBLE TO WORK IN THE USA? ____ YES ____ NO

ARE YOU UNDER 18 YEARS OF AGE? ____ YES ____ NO DO YOU HAVE A WORK PERMIT YES/NO? ____

HAVE YOU, SINCE THE AGE OF 18, BEEN CONVICTED OF A FELONY? ____ YES ____ NO

IF YES, PLEASE EXPLAIN: _____

A CONVICTION WILL NOT NECESSARILY EXCLUDE YOU FROM EMPLOYMENT. EACH CONVICTION WILL BE JUDGED ON ITS OWN MERITS WITH RESPECT TO THE TIME, CIRCUMSTANCES AND SERIOUSNESS.

SPECIFIC TITLE OF POSITION APPLIED FOR: _____

TYPE OF WORK DESIRED: ____ FULL TIME ____ PART TIME ____ REGULAR ____ SEASONAL

DATE AVAILABLE TO BEGIN WORK: _____

SALARY/WAGE EXPECTED: \$ _____ PER YR

\$ _____ PER HR.

PLEASE READ CAREFULLY AND SIGN BELOW:

I hereby certify that all of the information contained in this application is complete and accurate to the best of my knowledge. I understand that if employed, omissions or false or inaccurate statement on this application may result in dismissal.

I hereby authorize all prior employers, schools, Social Security Administration, all law enforcement agencies to give G & T Conveyor, Inc. any and all information, concerning my previous employment and any pertinent information that may have, personal or otherwise, concerning my qualifications for the position applied for. I release all persons or entities from all liability for any damage that may result from furnishing information to G & T Conveyor Company, Inc., and all of its employees from all liability for any damage that may result from reliance on the information furnished.

I understand that this application is completed for the position indicated and that it will be necessary to reapply for other positions when they become available. I also understand that this application is only good for sixty (60) days from today's date. If I still desire to be considered for a position with the company after this application expires, it will be my responsibility to complete a new application and file it with the company.

Signature of Applicant

Date Signed

FOR PERSONNEL DEPARTMENT USE ONLY

Date of Employment: _____

Hourly/Salary Rate: _____

Job Title: _____

Department: _____

Notes: _____

Authorized by: _____