

GROUP SALES, INC.
Employment Application – Hourly/Non-Exempt



Send completed applications to: hr@groupsalesinc.com

APPLICANT INFORMATION

Last Name:		First:		M.I.	Date:			
Street Address:				Apartment/Unit #:				
City:		State:		ZIP:				
Cell Phone:		E-mail Address:						
Select the position you're applying for (select all that apply):		CO-OP	FULL-TIME	PART-TIME	SEASONAL	OTHER POSITION:		
Preferred Shift (Peak Season Only):		DAY	EVENING	Date Available:	Desired Hourly Rate:	\$		
Desired Starting Period: (Seasonal Only)		As Needed	July	August	September	Early October	Late October	November
Are you 18 or older?		YES	NO	Have you ever worked for this company?		YES	NO	
Are you a citizen of the United States?		YES	NO	If no, are you authorized to work in the U.S.?		YES	NO	
Have you ever been convicted of a felony?		NO	YES	If yes, explain:				
Do you have experience working with a computer?		YES	NO	Do you have experience with MS Office?		YES	NO	
Are you able to lift up to 50lbs?		YES	NO	Do you have a valid driver's license?		YES	NO	
Are you available to work Day & Evening Shifts? (As needed)		YES	NO	If no, explain:				
Are you available to work Holidays & Weekends? (As needed)		YES	NO	If no, explain:				
Are you available to work Special Projects*?		YES	NO	*Special Projects may occur throughout the year for shorter periods of time.				

EDUCATION/TRAINING

High School:		City/State:			
Graduation Date:		Degree:	DIPLOMA	GED	OTHER:
College:		City/State:			
Status:		Expected/Grad Date:	Major:		
Other:		City/State:			
From:	To:	Completed Program?	YES	NO	

REFERENCES

Please list two professional references.

Full Name:		Relationship:	
Company:		Phone:	
Address:			
Full Name:		Relationship:	
Company:		Phone:	
Address:			

APPLICANT INFORMATION (CONT.)

Last Name:

First:

PREVIOUS EMPLOYMENT**Company:**

Phone:

Address:

Supervisor:

Job Title:

Starting Salary:

\$

Ending Salary:

\$

Responsibilities:

From:

To:

Reason for Leaving:

May we contact your previous supervisor for a reference?

YES

NO

Company:

Phone:

Address:

Supervisor:

Job Title:

Starting Salary:

\$

Job Title:

Responsibilities:

From:

To:

Reason for Leaving:

May we contact your previous supervisor for a reference?

YES

NO

Company:

Phone:

Address:

Supervisor:

Job Title:

Starting Salary:

\$

Job Title:

Responsibilities:

From:

To:

Reason for Leaving:

May we contact your previous supervisor for a reference?

YES

NO

MILITARY SERVICE

YES "I Served"

Branch:

From:

To:

Rank at Discharge:

Type of Discharge:

If other than honorable, explain:

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

I understand that my background may be checked and that I may be subject to a health screening in accordance to Substance Abuse and Mental Health Services Administration (SAMHSA) guidelines if required.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Print or Sign Full Name

Date