



GUSTAV INTERNATIONAL



APPLICATION FOR EMPLOYMENT

Please read the entire form before you begin filling it out and answer all questions, indicating "None" where applicable. Answers should be typed, printed, or carefully written in ink so that they are clear and legible. Resumes will not be accepted in lieu of any information required on this form. Gustav International Chartered is an "at-will" employer.

Position(s) applying for: _____

Date of Application: _____

How did you learn about us? [] Advertisement [] Friend [] Walk-In [] Employment Agency [] Relative [] Other

PERSONAL INFORMATION:

Form with fields: Last Name, First Name, Middle Initial, Social Security No., Address, City, State, Zip Code, Home Phone, Cellular.

Questions regarding eligibility, previous applications, employment history, and immigration status with checkboxes for Yes/No.

Are you able to perform the essential functions of the job for which you are applying? [] Yes [] No

EDUCATION:

High School section with fields: Name, Address, City, State, Zip Code.

Highest grade completed: 9 10 11 12 (Please circle one)

College/Undergraduate School

College/Undergraduate School section with fields: Name, Address, City, State, Zip Code.

Years Completed: 1 2 3 4 (Please circle one) Major: Minor: B.S.:

Graduate/Professional School

Graduate/Professional School section with fields: Name, Address, City, State, Zip Code.

Years Completed: 1 2 3 4 (Please circle one) Major: Minor: B.S.:

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age (if 40 years or older), marital or veteran status of disability.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Name: _____

Date: _____

Position Applying For: _____

Name: _____

Date: _____

Position Applying For: _____

SKILLS

Describe any specialized, apprenticeship, skills, and extra-curricular activities:

Describe any honors you have received:

PROFESSIONAL LICENSES/CERTIFICATIONS:

Please provide any licenses/certifications obtained:

Have you had a professional license suspended, canceled, or revoked? Yes No

If yes, please explain: _____

Please indicate any foreign languages you can speak, read, and/or write:

Language:	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write	<input type="checkbox"/> Fluent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair
Language:	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write	<input type="checkbox"/> Fluent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair
Language:	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write	<input type="checkbox"/> Fluent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair

List professional, trade, business or civic activities and offices held. You may exclude memberships which would reveal sex, race, religion, national origin, and age status:

REFERENCES

Please provide the names, addresses, and daytime phone numbers of person not related to you and are employers:

Name: _____ Daytime Phone: _____

Name: _____ Daytime Phone: _____

Name: _____ Daytime Phone: _____

Have you ever had any job-related training in the United States Military? Yes No

If yes, please describe _____

EMPLOYMENT EXPERIENCE

Start with your present or last job and list all employment for the last 10 years and explain all gaps in your employment, attach additional sheets if necessary. (You may not substitute your resume for this information.) Include any job-related service assignments and volunteer activities. You may exclude volunteer organizations, which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer Name:	Dates Employed: From _____ To _____	Description of Duties:
Address: City _____ Zip _____	Hourly Rate/Salary: Start: _____ Final: _____	
Phone Number:	Supervisor's Name:	
Job Title:		
Reason for Leaving: <input type="checkbox"/> Lay Off <input type="checkbox"/> Involuntary Termination <input type="checkbox"/> Resignation <input type="checkbox"/> Other:		Explain:

Employer Name:	Dates Employed: From _____ To _____	Description of Duties:
Address: City _____ Zip _____	Hourly Rate/Salary: Start: _____ Final: _____	
Phone Number:	Supervisor's Name:	
Job Title:		
Reason for Leaving: <input type="checkbox"/> Lay Off <input type="checkbox"/> Involuntary Termination <input type="checkbox"/> Resignation <input type="checkbox"/> Other:		Explain:

Name: _____

Date: _____

Position Applying For: _____

Employer Name:	Dates Employed: From _____ To _____	Description of Duties:
Address: City _____ Zip _____	Hourly Rate/Salary: Start: _____ Final: _____	
Phone Number:	Supervisor's Name:	
Job Title:		
Reason for Leaving: <input type="checkbox"/> Lay Off <input type="checkbox"/> Involuntary Termination <input type="checkbox"/> Resignation <input type="checkbox"/> Other:		Explain:

Employer Name:	Dates Employed: From _____ To _____	Description of Duties:
Address: City _____ Zip _____	Hourly Rate/Salary: Start: _____ Final: _____	
Phone Number:	Supervisor's Name:	
Job Title:		
Reason for Leaving: <input type="checkbox"/> Lay Off <input type="checkbox"/> Involuntary Termination <input type="checkbox"/> Resignation <input type="checkbox"/> Other:		Explain:

Employer Name:	Dates Employed: From _____ To _____	Description of Duties:
Address: City _____ Zip _____	Hourly Rate/Salary: Start: _____ Final: _____	
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Employer Name:	Dates Employed: From _____ To _____	Description of Duties:
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Employer Name:	Dates Employed: From _____ To _____	Description of Duties:
Address: City _____ Zip _____	Hourly Rate/Salary: Start: _____ Final: _____	
Phone Number:	Supervisor's Name:	
Job Title:		
Reason for Leaving: <input type="checkbox"/> Lay Off <input type="checkbox"/> Involuntary Termination <input type="checkbox"/> Resignation <input type="checkbox"/> Other:		Explain:

SUMMARY OF SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experiences.

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CERTIFICATION

Please read carefully before signing

I understand and agree:

- _____ 1. Any misrepresentation or omission of facts by me in this application or any attachments to this application
Your initials may result in refusal or employment or if employed, termination.
- _____ 2. It is my understanding that the Company will make a thorough investigation of my work, educational and
Your initials personal history and may verify all data given in my application, related papers or oral interviews. I authorize such investigation and the giving and receiving of information requested by the Company and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may result in refusal of employment or if employed, termination from employment.
- _____ 3. I understand and agree that any person authorized by the Company can at any time request that I submit
Your initials to a search of my person, purses, packages in my possession, or any locker, desk or files that may be assigned to me. I understand that my refusal to submit to such a search may result in termination. I hereby waive all claims for damages resulting from such examination.
- _____ 4. I understand and agree that I may be required to take a physical examination, blood, urine, or hair test at
Your initials Company expense, at any time to determine if I am alcohol or drug free and physically fit for the job I am responsible to perform. Failure to submit to such testing may result in termination. I authorize any physician, including my personal physician, to release any information to the Company, which may be necessary to determine my ability to perform my assigned duties.
- _____ 5. I further understand that the Company can change wages, benefits and/or working conditions at any time
Your initials and that I may be required to work overtime or on weekends.
- _____ 6. I understand that the company may, from time to time, establish rules, regulations, policies and/or
Your initials disciplinary procedures, some of which may be reduced to writing. In consideration of my employment, I agree to conform to all applicable rules, regulations, policies, and/or disciplinary procedures of the company and/or any department thereof. I understand that those rules, regulations, policies and/or disciplinary procedures are not intended by the company to create an obligation of continued employment.
- _____ 7. I understand that this document is an application for employment and continued employment is not being
Your initials offered. I hereby understand and agree that my employment, both during and after any introductory or orientation period, is for an indefinite period, and that nothing in this application or any other company document shall be deemed to create any contract of continued employment between me and the company. I further understand that the company or myself for any or no cause and with or without notice can terminate my employment at will at any time. I understand that employment beyond any introductory or orientation period or employment for a number of years shall not result in any heightened expectation of continued employment. I understand and agree that any statements to the contrary, whether oral or written, are expressly disavowed and are not to be relied upon by me. I further understand that no representative of the company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing except in a written document signed by the president of the company.

Applicant's Signature: _____ Date: _____