

GILMORE SOLUTIONS, INC.

Employment Application



APPLICANT INFORMATION			
Last Name		First	M.I. Date
Street Address			Apartment/Unit #
City		State	ZIP
Phone		E-mail Address	
Date Available		Social Security No.	Desired Salary
Position Applied for			Full Time or Part Time (Circle)
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

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 <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NO <input type="checkbox"/>			

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

Please read and sign the disclosure document on the following page. Applications submitted without this disclosure will not be considered.



113 S. Broadway Ave. Sterling, KS 67579
Phone: 620-278-3600 Fax: 800-380-2491 www.gilmoresolutions.com

DISCLOSURE

As part of our human resources management program, we may conduct a background investigation. Should this investigation be ordered, it will provide us with a criminal background check as well as a credit check. We will check with law enforcement agencies as well as on-line sources for any criminal history. We will obtain consumer reports such as, but not limited to, information concerning your employment history, workers' compensation reports, and driving history reports. Under the provisions of the fair credit reporting act (15 u.s.c §§1681-1681(u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation, and you are also entitled to a copy of your rights under the fair credit reporting act.

Under the provisions of the fair credit reporting act, 15 usc §§1681 et seq., the Americans with disabilities act and all applicable federal, state and local laws, I hereby authorize and permit Gilmore Solutions, Inc., together with any parent, subsidiary, or affiliated entity (collectively, "Gilmore Solutions") to obtain a consumer report and/or an investigative consumer report and / or a background investigation, which may include the following:

1. Criminal history
2. My employment records:
3. Records concerning any driving history, workers' compensation history, and drug testing:
4. In accordance with the department of transportation motor carrier safety regulations, section 382.413, information concerning alcohol and controlled substances for the past 2 years.
5. Verification of my academic and/or professional credentials; and information and/or copies of documents from any military service records.

I understand that an investigative consumer report may include information as to my character, general reputation, personal characteristics, and other items of information common to the reference-checking process, which may be obtained from interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information.

I agree that a copy of this authorization has the same effect as an original.

I understand that the information obtained hereunder will be held in the strictest confidence, will be accessed only by those with a need-to-know, and will not be disclosed to any third party without my express written consent and approval. I hereby release and hold harmless Gilmore Solutions, Inc., as well as any person, firm, or entity that discloses information in accordance with this authorization, from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

I understand and acknowledge that under provision of the fair credit reporting act I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I hereby authorize **Gilmore Solutions, Inc.** to obtain and prepare an investigative background investigation and consumer report as set forth above, as part of its investigation of my employment application. This authorization shall remain in effect over the course of my employment. Reports may be ordered periodically during the course of my employment.

Full name _____
(Please print clearly)

Signature _____

Date _____