



# APPLICATION FOR EMPLOYMENT

## Striker, Warehouse Helper & Warehouse Manager

AN EQUAL OPPORTUNITY EMPLOYER  
A DRUG-FREE WORKPLACE

### Personal Information

NAME (LAST, FIRST)		SOCIAL SECURITY NO.		
PRESENT ADDRESS	APT#	CITY	STATE	ZIP
PREVIOUS ADDRESS	APT#	CITY	STATE	ZIP
ARE YOU 18 YEARS OR OLDER? YES _____ NO _____		PHONE (    )		
ARE YOU A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE U.S.? YES _____ NO _____		IN CASE OF AN EMERGENCY, NOTIFY:		
		ADDRESS		PHONE

### Employment

POSITION	START DATE
HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE? YES _____ NO _____	WHICH BRANCH?  WHEN?
REASON FOR LEAVING	
NAME OF LAST GULFEAGLE SUPERVISOR	
WHO REFERRED YOU TO THIS COMPANY?  <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> NEWSPAPER AD <input type="checkbox"/> FRIEND <input type="checkbox"/> STATE EMPLOYMENT OFFICE <input type="checkbox"/> COLLEGE PLACEMENT SERVICE <input type="checkbox"/> WALK-IN <input type="checkbox"/> OTHER	

If resume includes below information and is attached, please check here  and skip to section marked "References". Otherwise complete below:

### Education

COLLEGE OR TRADE SCHOOL	NAME & LOCATION	NO. OF YRS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
COLLEGE OR TRADE SCHOOL	NAME & LOCATION			
COLLEGE OR TRADE SCHOOL	NAME & LOCATION			
COLLEGE OR TRADE SCHOOL	NAME & LOCATION			
COLLEGE OR TRADE SCHOOL	NAME & LOCATION			
HIGH SCHOOL	NAME & LOCATION			
OTHER	NAME & LOCATION			

## General

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK
SPECIAL TRAINING
SPECIAL SKILLS

## Former Employers

List below last three employers, starting with most recent employer first.

NAME OF PRESENT OR LAST EMPLOYER	DATES OF EMPLOYMENT (FROM - TO)		
STREET ADDRESS	CITY	STATE	ZIP
NAME OF SUPERVISOR	TITLE	PHONE	MAY WE CONTACT?
DESCRIPTION OF WORK PERFORMED			
STARTING SALARY (PER HOUR, WEEK OR YEAR)		ENDING SALARY (PER HOUR, WEEK OR YEAR)	
REASON FOR LEAVING			

NAME OF EMPLOYER	DATES OF EMPLOYMENT (FROM - TO)		
STREET ADDRESS	CITY	STATE	ZIP
NAME OF SUPERVISOR	TITLE	PHONE	MAY WE CONTACT?
DESCRIPTION OF WORK PERFORMED			
STARTING SALARY (PER HOUR, WEEK OR YEAR)		ENDING SALARY (PER HOUR, WEEK OR YEAR)	
REASON FOR LEAVING			

NAME OF EMPLOYER	DATES OF EMPLOYMENT (FROM - TO)		
STREET ADDRESS	CITY	STATE	ZIP
NAME OF SUPERVISOR	TITLE	PHONE	MAY WE CONTACT?
DESCRIPTION OF WORK PERFORMED			
STARTING SALARY (PER HOUR, WEEK OR YEAR)		ENDING SALARY (PER HOUR, WEEK OR YEAR)	
REASON FOR LEAVING			

## References

Below give the names of three persons you are not related to, whom you have known at least one year.

NAME	ADDRESS	BUSINESS	YRS ACQUAINTED

## Special Questions

WHAT FOREIGN LANGUAGES DO YOU SPEAK?		_____
CAN YOU ALSO READ AND WRITE THESE LANGUAGES?	YES ___ NO ___	
HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR? IF YES, EXPLAIN	YES ___ NO ___	

Due to contractual agreement regarding leased employees, P.C.C. can and should be substituted (inserted) wherever Gulfeagle Supply or "the company" is used.

### Authorization

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of that date of payment of my wages and salary, be terminated at any time without any prior notice.

### Notification and Release

In connection with my application for employment (including contract for services), I understand that a consumer report which may contain public record information is being requested from DAC Services, Tulsa, Oklahoma or other vendor. This report may include the following types of information: names and dates previous employers, reason for termination of employment, work experience, accidents, or other. I further understand that such report may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal or other, from Federal, State and other agencies which maintain such records as well as information concerning (1) previous driving record requests made by others from such state agencies; (2) State provided driving record; (3) claims involving me in the files of insurance companies.

**I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED TO FURNISH THE ABOVE-MENTIONED INFORMATION.**

I have a right to make a request, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request; the sources of information; the recipients of any reports on me which have been previously furnished within the two year period preceding my request. I hereby consent to your obtaining the above information, and I agree that such information which is on file or obtained and my employment history, if I am hired, will be supplied by DAC to other companies which subscribe to DAC or other services.

Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_