



Application for Employment

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

Date

Full Name :	Current Address:
Years at Address:	
Social Security No:	Telephone:
Are you over the age of 18?	
Days/hours available to work :	Position applied for:
Can you work nights or weekends?	
Hourly Rate desired:	

How many hours can you work weekly?
Employment desired <input type="checkbox"/> FULL - TIME ONLY <input type="checkbox"/> PART - TIME ONLY <input type="checkbox"/> FULL - OR PART - TIME
When available for work?

Education:

Number of years completed	Major & Degree	High School	College
Bus. or Trade School	Professional School		

HAVE YOU EVER BEEN CONVICTED OF A CRIME? <input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

Drivers License Information:

DO YOU HAVE A DRIVER'S LICENSE? __ Yes __ No	What is your means of transportation to work ?
Driver's license number:	State of issue:
Operator __ Commercial (CDL) __ Chauffeur	Expiration date:
Have you had any accidents during the past three years?	How many?

References:

Please list two references other than relatives or previous employers.

Name:	Position:	Company:
Telephone:	Address:	Years known:

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Telephone:	Address:	Years known:

Military Experience:

Have you served in the Armed Forces?	Are current in a reserve status?
Date Discharged:	Date Entered:
Specialty:	Honorable Discharge?

Work Experience: Please list your work experience for the past five years beginning with your most recent job held, if you were self-employed, give firm name. Attach additional sheets if necessary.

Name of employer:	Address:
Phone number:	City, State, Zip Code:
Supervisor:	May we contact this employer?
From:	To:
Starting Pay:	Final Pay:
Your Job Title:	Reason for leaving:

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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Did you complete this application yourself?

**The undersigned hereby agrees and grants Galaxy Transfer Systems, Inc., a Virginia Corporation, the right to perform criminal background checks, as deemed necessary, and furthermore agrees to undergo a drug screening at the expense of Galaxy Transfer Systems, Inc.
I hereby certify that all information provided by applicant is true and accurate.**

Signature of Applicant:
Date: