



Application for Employment

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classifications.

Please carefully read and answer all questions. You will not be considered for employment if you fail to completely answer all the questions on this application. You may attach a résumé, but all questions must be answered.

Gyromania Location:	Position Applying For:	Date of Application:
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PERSONAL DATA			
Name (last, first, middle)			Social Security Number
Street and/or Mailing Address	City	State	Zip
Home Telephone Number	Cellular Telephone Number	Email Address <input type="checkbox"/>	Birthdate

GENERAL INFORMATION	
Are you a citizen of the United States? Yes No	If not, do you have a legal right and necessary documents to work in the United States? Yes No
Have you ever been bonded? Yes No	If yes, on what jobs?
Have you ever been convicted of a crime, excluding minor traffic offenses? Yes No	If yes, please explain?

POSITION INFORMATION							
Date you can start work	Starting Salary Desired	Hours: Full-time or Part-time	Day Shift or Evening Shift				
Days and hours available for work							
Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							

EDUCATION			
School Name and Location	Number of Years Attended	Did you Graduate	Degree/Area of Study
High School		Yes No	
Trade or Business School		Yes No	
College/University		Yes No	
Other		Yes No	

WORK HISTORY (Start with your present or most recent employment and work back.)

Job #1 - Position	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties		
Reason for Leaving	Starting Salary	Ending Salary
May we contact your present employer? YES / NO / N/A		

Job #2 - Position	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties		
Reason for Leaving	Starting Salary	Ending Salary

Job #3 - Position	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties		
Reason for Leaving	Starting Salary	Ending Salary

REFERENCES (Please list three (3) personal references not related to you, with full name, address, phone number and relationship.)

Name	Address/City/State	Phone Number	Relationship

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Employer to make an investigation of any of the facts set forth in this application and release the Employer from any liability. The employer may contact any listed references on this application.

I acknowledge and understand that the company is an "at will" employer. Therefore, any employee (regular, temporary, or other type of category employee) may resign at any time, just as the employer may terminate the employment relationship with any employee at any time, with or without cause, with or without notice to the other party.

Applicant Signature

Date