

GIBSON MAGERFIELD CORP.

Application For Employment

GIBSON/MAGERFIELD, CORP. IS AN EQUAL OPPORTUNITY EMPLOYER AND ITS POLICY IS TO PROVIDE EQUAL EMPLOYMENT OPPORTUNITY TO ALL PERSONS, INCLUDING QUALIFIED HANDICAPPED INDIVIDUALS, WITHOUT REGARD TO RACE, COLOR, SEX, AGE, RELIGION, OR NATIONAL ORIGIN.

Date: _____ Position Applying For: _____

Name: Last _____ First _____ Middle _____

Address: _____

Phone #: _____ Date of Birth: _____ S.S. #: _____

EDUCATION

School or Institution Last Attended: _____

Last Date Attended: _____ Highest Level Completed: _____

PRESENT OR LAST JOB

Company Name: _____ Address: _____

Length of Employment: _____ Date Left: _____ Wage: _____

Reason For Leaving: _____

Title and Duties: _____

PREVIOUS JOB

Company Name: _____ Address: _____

Length of Employment: _____ Date Left: _____ Wage: _____

Reason For Leaving: _____

Title and Duties: _____

GENERAL

Driver's License: Y N (Circle One)

Transportation to Job Sites: Y N (Circle One)

Moving Violations: Y N (Circle One)

If Yes, Give Details: _____

Did you miss any extended time from work in your last position? Y N (Circle One)

If Yes, Give Details: _____

Do you have any physical conditions that would interfere with your ability to perform the job for which you are applying? Y N (Circle One)

If Yes, Give Details: _____

Do you have any physical conditions that would require your absence from work for an extended period of time? Y N (Circle One)

If Yes, Give Details: _____

REFERENCES

Name: _____ Address: _____ Phone #: _____

Name: _____ Address: _____ Phone #: _____

Name: _____ Address: _____ Phone #: _____

ADDITIONAL INFORMATION OR COMMENTS

DISCLOSURE

The information I have provided herein is true and accurate to the best of my knowledge and belief. I understand that if I am hired and it is later determined that I provided false information on this application, I may be dismissed immediately.

If employed, I understand and agree that my employment is a matter of mutual consent between me and Gibson/Magerfield, Corp. and may be terminated at will, with or without cause, by either party.

Signature of Applicant: _____ Date: _____