710 9th Ave S

PO Box 358

Sauk Rapids, MN 56379

T: (320) 252-3111 F: (320) 252-5008

**APPLICATION FOR EMPLOYMENT**

Please complete the application in full. Application can be dropped off, mailed, or emailed to Katie@gcrsm.com

Position Applying For: Service Technician \_\_\_\_ Sheet Metal Worker \_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Middle Last

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State and Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best way and time to contact you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Do you have a valid Driver’s License? | Yes |  | No |  | Can you travel if the job requires it? | | | Yes |  | No |  |
| Are you a citizen of the United States? | Yes |  | No |  | If No, are you authorized to work in the United States? | | | Yes |  | No |  |
| Have you ever worked for this company before? | Yes |  | No |  | If Yes, When? | |  | | | | |
| Have you ever been convicted of a felony? | Yes |  | No |  | If Yes, Explain. | |  | | | | |
| Do any of your friends or relatives work here? | Yes |  | No |  | Who? |  | | | | | |

**Education**

**Highschool**

|  |  |  |
| --- | --- | --- |
| Name and Address of School: | Dates Attended: (MM/YYYY) | Did you Graduate: |
|  |  |  |
|  |  |  |
|  |  |  |

**College/Trade/Business School:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name and Address of School: | Dates Attended: (MM/YYYY) | Did you graduate: | Degree/Certification: |
|  |  |  |  |
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|  |  |  |  |

**Employment Experience (Start with most recent)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employer Name and Address: | Position: | Start Date: (MM/YYYY) | End Date: (MM/YYYY) | Work Performed: |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |

**References: Please note references will not be contacted before discussed with applicant**

|  |  |  |
| --- | --- | --- |
| Name and Company: | Position: | Phone Number: |
|  |  |  |
|  |  |  |
|  |  |  |

**Any other Skills, Licenses of other information you feel may be helpful to us in considering your application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

“I certify that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.”

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature