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| **GShort.com, LLC**  **Application for Employment**  **Email to** [bimjob@gshort.com](mailto:bimjob@gshort.com) **with a copy of your resume** | | | | | | | We are an Equal Opportunity Employer and is committed to excellence through diversity. | Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume. |
|  | | | | | | | | |
| **Personal Information** | | | | | | | | |
| Name | |  | | |  | |  |  |
|  | | | | | | | | |
| Address | |  | | | City | | State | Zip |
|  | | | | |  | |  |  |
| Phone Number | | Mobile Number | | | Email Address | |  |  |
|  | |  | | |  | | | |
| Are You A U.S. Citizen? | |  | | | Have You Ever Been Convicted Of A Felony? | | | |
| Yes | No | | | | Yes | No | |  |
| If Selected For Employment Are You Willing To Submit to a Pre-Employment Drug Screening Test? | | | | | | | | |
| Yes | No | | | |  |  | |  |
|  | | | | | | | | |
| **Position** | | | | | | | | |
| Position You Are Applying For | | | | | Available Start Date | |  | Desired Pay |
|  | | | | |  | | |  |
| Employment Desired | |  | | |  | |  |  |
|  |  | Full Time | |  | Part Time |  | Flexible Days/ Hours |  |
|  | | | | | | | | |
| **Education** | | | | | | | | |
| School Name | | | Location | | Years Attended | | Degree Received | Major |
|  | | |  | |  | |  |  |
|  | | |  | |  | |  |  |
|  | | |  | |  | |  |  |
|  | | |  | |  | |  |  |
| |  |  | | --- | --- | | **Training, Skills and Hobbies** | | | List any AutoCAD, Revit or other training or certifications. Also include any other applicable skills | |  | |   **[** | | | | | | | | |
| **References** | | | | | | | | |
| Name | | | | | Title | | Company | Phone |
|  | | | | |  | |  |  |
|  | | | | |  | |  |  |
|  | | | | |  | |  |  |
| **Employment History** | | | | | | | | |
| **Employer (1)** | |  | | | Job Title | |  | Dates Employed |
|  | | | | |  | | |  |
| Work Phone | |  | | | Starting Pay Rate | |  | Ending Pay Rate |
|  | | | | |  | | |  |
| Address | |  | | | City | | State | Zip |
|  | | | | |  | |  |  |
| **Employer (2)** | |  | | | Job Title | |  | Dates Employed |
|  | | | | |  | | |  |
| Work Phone | |  | | | Starting Pay Rate | |  | Ending Pay Rate |
|  | | | | |  | | |  |
| Address | |  | | | City | | State | Zip |
|  | | | | |  | |  |  |
| **Employer (3)** | |  | | | Job Title | | | Dates Employed |
|  | | | | |  | | |  |
| Work Phone | |  | | | Starting Pay Rate | |  | Ending Pay Rate |
|  | | | | |  | | |  |
| Address | |  | | | City | | State | Zip |
|  | | | | |  | |  |  |
| **Employer (4)** | |  | | | Job Title | |  | Dates Employed |
|  | | | | |  | | |  |
| Work Phone | |  | | | Starting Pay Rate | |  | Ending Pay Rate |
|  | | | | |  | | |  |
| Address | |  | | | City | | State | Zip |
|  | | | | |  | |  |  |
|  | | | | | | | | |
| **Read Carefully Before Signing** | | | | | | | | |
| In consideration of the employer’s review of my application, I agree that any claim or lawsuit arising out of my employment or my application for employment with the employer must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. While I understand that the statute of limitations for claims arising out of an employment action may be longer than six (6) months, I agree to be bound by the six (6) month period of limitations set forth herein and I WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY  I understand that this application does not constitute an employment contract or an offer for employment. I further understand that if I am offered a position of employment, my employment will be “at will,” and either I or the company may terminate the employment at any time for any reason with or without cause and with or without notice. I also understand that no individual representative of the company, other than the president in a writing specific to me and signed by the company president and me, may alter this at-will employment relationship, either verbally or in writing. I understand that I must at all times abide by the company’s rules and regulations and I agree to do so if employed. I authorize the investigation of all statements contained herein and authorize the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I further release and agree to hold harmless the company and all parties providing information from all liability for any claim or damage that may result from furnishing such information to you. I certify that the information I have given on this application is true and complete to the best of my knowledge and belief. I understand that any false information provided on this application, at the time of any interview(s), or on any company document may result in my immediate discharge. | | | | | | | | |
| Name (Please Print) | |  | | | Signature | | | |
|  | | | | |  | | | |
| Date | |  | | |
|  | | | | |