



EMPLOYMENT APPLICATION

GENERAL INFORMATION							
FIRST NAME		MIDDLE INITIAL	LAST NAME		HOW DID YOU HEAR ABOUT US?		
STREET ADDRESS			CITY	STATE	ZIP CODE		
HOME PHONE NUMBER	CELLULAR PHONE NUMBER		E-MAIL ADDRESS		ARE YOU LEGALLY ALLOWED TO WORK IN THE U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>		
HAVE YOU EVER APPLIED FOR GIANT STEPS BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, when?			DO YOU HAVE ANY FRIENDS OR RELATIVES WORKING FOR GIANT STEPS? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, who? Relationship:				
EMPLOYMENT DESIRED							
POSITION APPLYING FOR			DATE YOU CAN START	SALARY DESIRED	CHECK ALL THAT APPLY: F/T <input type="checkbox"/> P/T <input type="checkbox"/> TEMPORARY WORK <input type="checkbox"/>		
If you are unavailable any day or anytime, indicate the hours of availability for each day of the week.							
ANY DAY <input type="checkbox"/>	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
ANYTIME <input type="checkbox"/>							
FOR DRIVER POSITIONS, INDICATE CLASS OF LICENSE A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> Passenger Endorsement <input type="checkbox"/>			CURRENT DMV MEDICAL CERTIFICATE? YES <input type="checkbox"/> NO <input type="checkbox"/>		CURRENT DRIVER'S LICENSE? YES <input type="checkbox"/> NO <input type="checkbox"/>		
WORK EXPERIENCE							
Are you currently employed? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, may we contact your current employer? YES <input type="checkbox"/> NO <input type="checkbox"/>							
COMPANY NAME		CITY, STATE		PHONE NUMBER		SUPERVISOR	
JOB TITLE		DUTIES					
START DATE	END DATE	REASON FOR LEAVING					
COMPANY NAME		CITY, STATE		PHONE NUMBER		SUPERVISOR	
JOB TITLE		DUTIES					
START DATE	END DATE	REASON FOR LEAVING					
COMPANY NAME		CITY, STATE		PHONE NUMBER		SUPERVISOR	
JOB TITLE		DUTIES					
START DATE	END DATE	REASON FOR LEAVING					

EDUCATION				
NAME OF HIGH SCHOOL		DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>		GPA
NAME OF COLLEGE OR UNIVERSITY		DEGREE (IF ANY)		MAJOR GPA
NAME OF OTHER TRADE OR TRAINING SCHOOLS		CERTIFICATIONS/DEGREES		SUBJECTS STUDIED
LICENSES AND CERTIFICATES				
NAME OF LICENSE OR CERTIFICATE	ISSUING AGENCY	ISSUING STATE	LICENSE/CERTIFICATE NUMBER	EXPIRATION DATE
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REFERENCES				
List below three persons not related to you who have knowledge of your work performance within the last three years.				
NAME	RELATIONSHIP	PHONE NUMBER	OCCUPATION	YEARS ACQUAINTED
NAME	RELATIONSHIP	PHONE NUMBER	OCCUPATION	YEARS ACQUAINTED
NAME	RELATIONSHIP	PHONE NUMBER	OCCUPATION	YEARS ACQUAINTED

DISCLAIMER

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize Giant Steps to thoroughly investigate my references, work record, education and other matters related to my suitability for employment unless otherwise specified above. I further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Giant Steps, my former employers and all other persons, corporations, partnerships and associations from and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Applicant Signature: _____

Date: _____

You may also submit this application by emailing it to apply@giantsteps.net or fax to (213) 291-9224

(888) 707-8377
www.giantsteps.net