

- GDI Services Inc. is an Equal Opportunity Employer -

General Information

Last Name: _____ Social Security Number: _____

First Name: _____ Middle Name: _____

Other names or aliases used in past employment, credit or military service: _____

Street Address: _____ Apt No.: _____

City: _____ State _____ Zip Code: _____ Telephone Number: _____

If you reside in the city of Detroit, please circle east side or west side.

Length of time at this address: _____ Email: _____

If less than 12 months please list previous address:

Street Address: _____

City: _____ State: _____

Have you lived in a different state other than that listed above: No: Yes:

What are the two cross-streets nearest you? _____

Fill out this section only if you marked "Yes" above

(1) Street Address: _____

City: _____ State _____ Length of time at this address: _____

(2) Street Address: _____

City: _____ State: _____ Length of time at this address: _____

Are you a US citizen? Yes: No: → Do you have US resident status? Yes: No:

What was the highest level of education completed? _____ Where: _____

Do you speak fluent English? Yes: No: Do you read/write fluent English? Yes: No:

What other languages do you speak, read and/or write fluently? _____

Do you have a car available for personal use? Yes: No: →

Do you have a valid driver's license? Yes: No:

If you do not have a vehicle for personal use do you have other means of transportation available? Yes: No:

If the position you are applying for requires the use of a company vehicle or your personal vehicle on company time a motor vehicle record check will be performed & additional information will be asked of you at your time of hire. Require bus line access: Yes: No:

I understand that a Motor Vehicle Record check may be performed on my driving history: _____ Initial Above

Background Information

Have you ever been convicted of a crime? Yes: No:

Criminal history (use additional sheet of needed and mark box to left) [] see additional sheet

(1) Nature of offense _____ Date of offense _____

City where offense occurred _____ State where offense occurred _____

Status of offense: [] conviction [] pending [] no contest plea [] other _____

(2) Nature of offense _____ Date of offense _____

City where offense occurred _____ State where offense occurred _____

Status of offense: [] conviction [] pending [] no contest plea [] other _____

Person to be notified in event of emergency: _____ (name)

Emergency contact address _____

Phone Number: _____ Relation: _____

Military Service Record

Were you in the U.S. Armed Forces? No Yes → If yes, what branch? _____

Tour of Duty: From: _____ To: _____
Month Day Year Month Day Year

Rank at discharge: _____ Type of discharge: _____

Duties / Special Training: _____

Personal References*

*Non former employers or relatives

(1) Name and Occupation: _____ Work Phone: _____

Address: _____ Home Phone: _____

(2) Name and Occupation: _____ Work Phone: _____

Address: _____ Home Phone: _____

(3) Name and Occupation: _____ Work Phone: _____

Address: _____ Home Phone: _____

Employment Information

Have you previously filed an application with this company? No Yes → When _____ (date)

Have you ever worked for this company in the past? No Yes → When _____ (date)

Position held with company: _____ Supervisor _____

If referred to us please indicate by whom: _____

I HAVE [] / HAVE NOT [] been dismissed / asked to resign from any past / current position.

↓
Please explain if you have: _____

Please list any experiences, skills, qualifications or certificates which you feel would add to your qualification to work for GDI Services Inc.:* _____

*Applicants are invited to submit resumes or other information in written form

Are you on layoff or subject to recall? Yes: No:

Would you work as a substitute if a permanent position is not available? Yes: No:

Date you are available to start work: _____ Number of hours desired: _____

Please list, in order of most recent, your employment history below

Company Name: _____

Address: _____ City / State / Zip _____

Type of Business: _____ Position held: _____

From: _____ To: _____ Salary: _____
Month Day Year Month Day Year Monthly

Reason for leaving: _____

Company Name: _____

Address: _____ City / State / Zip _____

Type of Business: _____ Position held: _____

From: _____ To: _____ Salary: _____
Month Day Year Month Day Year Monthly

Reason for leaving: _____

Company Name: _____

Address: _____ City / State / Zip _____

Type of Business: _____ Position held: _____

From: _____ To: _____ Salary: _____
Month Day Year Month Day Year Monthly

Reason for leaving: _____

Agreements/Acknowledgements

Acknowledgement of Accuracy

I certify the facts set forth in this Application of Employment and any other materials I have submitted are true and complete. I understand that the submission of any false information in connection with my application for employment, whether on this document or not, may be cause for immediate discharge at any time thereafter should I be employed by this employer.

Initial _____

Authorization of Verification

I hereby authorize the employer to contact all my former and current employers, educational institution, military entities and the other references I have provided regarding me and my performance record and work, academic and/or military experience. I also hereby release the employer and its employees, Board of Directors, officers and agents and all of my former and current employers, educational institutions, military entities and the other references I have provided, from any and all liability and damages for releasing or using information concerning me and my performance record and work, academic, and/or military experience. I also hereby waive any right under the Bullard-Plawecki right to Know Act, 1978 PA397, to receive written notice from the employer or any former or current employer that disciplinary reports, letters or reprimand, or other disciplinary action taken against me while employed will be or have been disclosed to a third person or entity.

Initial _____

Authorization to Perform a Background Check

I further understand that the employer may, in its sole discretion, conduct or have conducted by an individual or entity of its choice, a criminal background history search on me. I hereby consent to this search being conducted and to the disclosure or the results of that search by the individual or entity conducting the search to the employer. I further hereby release the individual or entity conducting the search, this employer, and its employees, Board of Directors, officers, and agents from any and all liability, claims, and damages, including but not limited to, claims for releasing or using any information revealed as a result of this search. I also understand and acknowledge that false information provided by me or criminal convictions will result in disqualification or dismissal from employment with this employer if an offer of employment has been made and/or accepted.

Initial _____

Acknowledgment of At Will Employment and Limitation of Actions

I hereby acknowledge that my employment at GDI Services Inc. (hereinafter "Employer" or "my employer") is at the will or pleasure of my employer, and that I can be terminated or discharged from my employment at any time with or without cause and with or without prior notification. I acknowledge and understand that I shall be employed by my employer only so long as my employer only so long as my services are needed by and satisfactory to my employer and that my employer shall be the sole and exclusive judge of whether my performance is needed and satisfactory. I further acknowledge my employment status as stated herein despite any oral or written representations made to me by any person associated with my employer or despite any policy or practice of my employer whether past, present or future and whether written or oral or despite any representation, policy or practice which may occur subsequent to my signing today. I further acknowledge and understand that this document shall govern my employment status with my employer for my entire duration of employment with my employer unless changed in writing signed by both my employer and myself.

Initial _____

I hereby agree not to commence any action or suit (whether Statutory, Common Law, Federal, State or otherwise) relating to any employment with my employer, more than SIX MONTHS after the date of termination of such employment or the accrual of the cause of action, whichever is earlier and waive any Statue of Limitations to the contrary.

Initial _____

If I am employed, I understand that additional personal data will be required for determination of benefit eligibility and for statistical purposes. I further agree to abide by all policies, rules and regulation of the Employer. I further acknowledge the right of the Employer to share this and all related information of myself with its related company professionals, agents and layers as it deems fit.

Applicant's Name

Date

Applicant's Signature