

GOC, Ltd. d/b/a GOCO's
Employment Application
(Please Answer All Questions On This Application)

NAME _____ DATE _____

ADDRESS _____ CITY/ST _____ PHONE _____

EDUCATION RECORD:

Type of School	Name and Location	No. Years Attended	When Graduated	Course Taken
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Other	_____	_____	_____	_____

Day, Month&Year	Name and Address of Employer	Salary	Position	Reason for Leaving

Please explain how your previous work experience, training and abilities will help you in the job you are applying for.

Were you previously employed by GOC. Ltd. ____ Yes ____ No

If yes, where or when _____

Who was your immediate supervisor _____

REFERENCES Give below the names of three (3) persons not related to you, whom you have known at least one (1) Year

Name	Address	Business	Years Acquainted

Any physical disabilities that may affect your job performance ____ Yes ____ No. If Yes, explain

Are you at least 19 Years of Age ____ Yes ____ No. or are you at least 21 Years of Age ____ Yes ____ No.

Can you lift and move up to 75 pounds of weight _____

How much time have you lost from work in the last two years and the reason _____

Have you ever been convicted of a felony ____ Yes ____ No. (explain) _____

If hired, can you work a split shift? ____ Yes ____ No.

Which shift do you prefer to work: _____ 6 a.m. - 2 p.m. _____ 2 p.m. - 10 p.m. _____ 10 p.m. - 6 a.m.

Do you agree to work on Sundays and Holidays if employed? ____ Yes ____ No.

Do you agree for us to check with your former employer if we are to give your application for employment Consideration ____ Yes ____ No.

I authorize investigation of all statements contained in this application. I understand the misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may regardless of the date of payment of my wages and salary, be terminated at any time without previous notice.

The undersigned agrees to submit to a personal background check, motor vehicle report (MVR), polygraph test and/or drug test from time to time when so requested. Undersigned further agrees to submit to polygraph and/or drug tests in those instances where inventory shortages develop which are not within allowable tolerances or where the store in which the undersigned is employed is involved in burglary, armed robbery, or any mysterious disappearance of company funds or property.

The undersigned understands and agrees to abide by the conditions set forth and further understands and agrees that if the undersigned refuses to comply with any of the provisions, such refusal will constitute grounds for dismissal. Undersigned does hereby release and forever hold harmless GOC Ltd. their agents and employees from any liability flowing either from the operation of the polygraph equipment and/or drug testing equipment and the results therefrom.

Date _____

Witness _____

Applicant
Signature _____

This application is good for 30 days and must be renewed after that time.

TO BE COMPLETED ONLY AFTER EMPLOYMENT

Date of Birth _____

If married give Wife/Husbands full name _____ Where Employed _____

In case of accident notify: Name _____ Address _____ Phone _____

INTERVIEWER NOTES

Interviewers: _____

Store Stamp