

P O Box 60070 Boulder City, NV 89006 Telephone: (702) 293-7504

Fax: (702) 293-0529

EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

Goodfellow Corporation is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.

PERSONAL INFORMATION

Name:	Date:		
Address:			
City:	State:		ːip:
Home Phone:	Cellular Phone:		
Email:			
POSITION INFORMATION			
How were you referred to this company? $\ \square$ Walk in $\ \square$	Referral Online search	☐ Agency	☐ Employee
Position applying for:			
Type of Work Requested: ☐ Part Time ☐ Full Time ☐	Temporary Seasonal		
Date Available to work:	Pay Rate Requested:		
Are you at least 18 years old or older?		□ Yes	□ No
If hired, are you willing to submit to and pass a controlled	substance test?	☐ Yes	□ No
If hired, can you present evidence of your U.S. Citizenship or of your legal right to live and work in this country?			
		☐ Yes	□ No
Do you have any limitation on your ability to perform the	duties of the job?	☐ Yes	□ No
If yes, describe the conditions and nature of your work lim	itations:		
		····	
Do you speak, write or understand any foreign languages?		☐ Yes	□ No
If yes, which language(s)			
Do you have any other experience, training, qualifications or skills that you feel make you especially			
suited for work at Goodfellow Corporation?		☐ Yes	□ No
If yes, please explain:			

EDUCATION INFORMATION

School	Name / Location	Years Completed	Did you Graduate?	Degree Earned
Grammar			☐ Yes ☐ No	
High School			☐ Yes ☐ No	
Vocational			☐ Yes ☐ No	
College			☐ Yes ☐ No	
Other			☐ Yes ☐ No	

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EMPL	OYMENT HISTORY		
1.		Dates of Employment:	
	Address:	Phone:	
	City:	State:	Zip:
	Duties:		
2.			
	Company:		
	Position Held:	Dates of Employment:	
	Address:	Phone:	
	City:	State:	Zip:
	Duties:		
3.	Company:		
	Position Held:	Dates of Employment:	
	Address:	Phone:	
	City:	State:	Zip:
	Duties:		
REFER	ENCES		
1.		Occupation:	
	Phone:	Years Known:	
2.	Name:	Occupation:	
	Address:		

Phone:	Years Known:
understand that any omission (in document used to secure can be permit the company to examine information I have provided. I at work record and my professional addition, I release the company,	by me are true & correct to the best of my knowledge and ability. I including any misstatement) of material fact on this application or on any grounds for rejection of application or, if I am employed by this company. I my references, record of employment, education record, and any other athorize the references I have listed to disclose any information related to my lexperiences with them, without giving me prior notice of such disclosure. In my former employers & all other persons, corporations, partnerships & is, demands or liabilities arising out of or in any way related to such
Applicant Signature	Date