

Application For Employment

Goken America is an equal opportunity employer. All applicants are considered without regard to race, color, ethnic or national origin, religion, age, sex, disability, citizenship or any other status protected by applicable federal, state or local law.

Instructions: Complete all information. You may be asked to provide additional information before this application can be processed. Be sure to sign and date the application. Please Print.

Name: _____
First
Middle
Last

Social Security Number: _____ / _____ / _____ Phone: () _____

Address: _____

City: _____ State: _____ Zip: _____

Position Desired: _____

Date Available to Begin: _____ # Hours Available to Work _____

Are you willing to work overtime if needed: Yes No

Are you willing to travel overnight: Yes No

Are you willing to relocate, if necessary: Yes No

Desired Salary or Pay Rate: _____

Are you a U.S. Citizen or, if not, will you be able to provide, if hired, proof of authorization to work in the U.S.: Yes No

Education Background:

School	Name and Location	Course of Study	Number of Years Attended	Degree Attained
High School				
College				
Business/Trade/ Technical				
Graduate School				
Other				

Other Special Training or Skills (including foreign languages): _____

Have you ever been terminated from a position: Yes No

If yes, please explain: _____

References (Please exclude family members and include at least one employment-related reference):

Name	Telephone Number	Years Known	Relationship
1.			
2.			
3.			

Have you ever been convicted of or pleaded guilty to a crime other than a minor traffic violation (A "yes" answer is not automatic grounds for rejection): Yes No

If yes, explain _____

Are you at least eighteen (18) years of age or older: Yes No

STATEMENT OF APPLICANT

I certify that the information which I have provided herein is true, accurate and complete. If any of the information provided is found to be untrue, incomplete or misrepresented, I understand that further consideration of this application may be canceled, or, if I have been hired, Goken America may immediately discharge me, whenever such untruth, incompleteness or inaccuracy is discovered.

I expressly authorized Goken America to investigate any of the information provided on this application and I release from any liability all companies, corporations, and individuals supplying such information. I also give permission to Goken America to contact the references I have listed.

In the event that I am hired, I understand that such employment will be on an "at will" basis and that I may resign from my employment at any time, with or without cause, and without prior notice, and that Goken America retains the same rights to terminate my employment at any time, with or without cause, and without prior notice. I understand that this application does not constitute a contract or agreement that I will be employed. I further understand that no representative of Goken America is authorized to make any assurances to the contrary and no implied, oral or written agreement contradicting the foregoing is valid, unless expressly authorized in writing by the President of Goken America.

If employed, I hereby authorize deductions from wages due me for any amount I owe to the employer or for charges I have incurred; including, but not limited to, unreturned employer property, telephone calls and damages to property or equipment.

DO NOT SIGN THIS APPLICATION UNTIL YOU HAVE READ AND UNDERSTOOD THE TERMS OF THE STATEMENT OF APPLICANT.

Applicant's Signature: _____ Date: _____

Witness: _____ Date: _____