



2207 Oakland Parkway, Columbia, TN 38401

APPLICATION FOR EMPLOYMENT

Date of Application _____

Application is only kept on file for 90 days. If you want to be considered after that, please submit a new application.

PERSONAL INFORMATION

Name: _____
Last First M.I.

Address: _____
Street

_____ City State Zip

Telephone: _____
Home: (_____) _____ Cell: (_____) _____
Area Code Area Code

Email address (if any): _____

Best way/day/time to contact you: _____

Are you eligible to work in the United States? YES NO

Are you at least 18 years old? YES NO

If you have ever worked under another name, please state the name(s):

Have you ever been discharged or asked to resign by an employer?
 YES NO

If YES, please explain

How did you learn of this job opening? (If referred, please give the name of the referring individual.)

Have you ever worked for this Company before? YES NO

If YES:

Dates Employed: _____

Name of Supervisor: _____

Reason for leaving: _____

Do you know anyone who works at Global Manufacturing Services, Inc.?

YES NO

If YES, please provide their name and relationship to you:

YOUR EDUCATION AND TRAINING

Please circle highest education (in years) completed:

GED High School – 1 2 3 4 College – 1 2 3 4 Trade/Tech School – 1 2 3 4

What was the name and city of the last school you attended? _____

List any college or trade degree you received and your major: _____

List any Special Skills/Licenses/Training you have which might be helpful for the job in which you are applying?

WORK EXPERIENCE

Starting with your present or most recent employer, please enter the information below:

Are you presently employed? YES NO

1. Present or last employer: _____

Address: _____

Kind of business: _____ Phone _____

Starting position: _____

Pay: \$ _____/hour \$ _____/year

Final position: _____

Pay: \$ _____/hour \$ _____/year

Dates employed: From: _____ To: _____

Name and title of supervisor: _____

Describe your work responsibilities: _____

Reason for leaving: _____

May we contact this employer: YES NO

2. Next previous employer: _____

Address: _____

Kind of business: _____ Phone _____

Starting position: _____

Pay: \$ _____/hour \$ _____/year

Final position: _____

Pay: \$ _____/hour \$ _____/year

Dates employed: From: _____ To: _____

Name and title of supervisor: _____

Describe your work responsibilities: _____

Reason for leaving: _____

May we contact this employer: YES NO

3. Next previous employer: _____

Address: _____

Kind of business: _____ Phone _____

Starting position: _____

Pay: \$ _____/hour \$ _____/year

Final position: _____

Pay: \$ _____/hour \$ _____/year

Dates employed: From: _____ To: _____

Name and title of supervisor: _____

Describe your work responsibilities: _____

Reason for leaving: _____

May we contact this employer: YES NO



PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY

Applicant Statement

By signing below, I, _____, (Print Name) certify that I have read, understand and agree to each of the following statements:

All of the information I have supplied to Global Manufacturing Services, Inc. (Company) on this application and/or attached resume is true, accurate and complete, to the best of my knowledge, and I understand that any misrepresentation or omission of material fact on this application or resume will constitute sufficient grounds for immediate dismissal.

I understand employment is conditional upon my ability to verify my eligibility for employment in the United States; passing an alcohol/drug test; and reading and signing agreements required by the Company, including but not limited to, a non-disclosure agreement. I understand and agree that the terms and conditions of employment may be altered by the Company at any time with or without cause or notice.

I understand and agree that employment is terminable at will and will last only so long as mutually agreeable. Either I or the Company may terminate employment for any reason with or without cause and with or without notice at the sole discretion of either of us. No agent of the Company has the authority to override the presumption of at-will employment. Only the President of the Company has the authority to make any agreement for other than employment at-will and then only in writing.

In consideration of my employment with the Company, I agree to abide by all the Company's rules and regulations.

This employment application will be considered active for ninety (90) days from the date below. If I want to be reconsidered for a job with the Company after this period of time, I must fill out another application.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant: _____

Date: _____



PRE-EMPLOYMENT DRUG TESTING CONSENT AND RELEASE FORM

I hereby consent to submit to urinalysis and/or other tests as shall be determined by Global Manufacturing Services, Inc. (Company or GMS) in the selection process of applicants for employment, for the purpose of determining the drug content thereof.

I agree that I will be assigned to a clinic and this clinic may collect these specimens for these tests and may test them or forward them to a testing laboratory designated by the company for analysis.

I further agree to, and hereby authorize the release, of the results of said tests to the Company. I understand that it is the current illegal use of drugs and/or abuse of alcohol that will prohibit me from being employed by this Company.

I further agree to hold harmless GMS and its agents from any liability arising in whole or in part out of the collection of specimens, testing, and use of the information from said testing in connection with the Company's consideration of my employment application.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

Applicant:

Printed name: _____

Signature: _____ Date: _____

TO BE COMPLETED BY A WITNESS FROM GLOBAL MANUFACTURING SERVICES, INC.

Witness:

Printed name: _____

Signature: _____ Date: _____