



EMPLOYMENT APPLICATION

GLP Services LLC is an equal opportunity employer. Applicants are considered without regard to race, color, religion (including religious dress and grooming), sex (including pregnancy, childbirth, breastfeeding, or related medical conditions), gender identity, gender expression, transgender (includes transitioning or transitioned), national origin, ancestry, citizenship, age, physical or mental disability, legally protected medical condition or information including genetic information, family care status, military caregiver status, military status, veteran status, marital status, domestic partner status, sexual orientation, or other basis protected by Federal, State or local laws and regulations.

Applicant Information

Name: _____
First Last

Address: _____ Email Address: _____
_____ Phone Number: _____

Application Date: _____ Position Applying For: _____

Date Available to Begin Working: _____ Desired Salary: \$ _____ annually/hour

How did you hear about this position: _____ (if you were referred by a current employee please list their name)

Type of Employment Desired: Full-Time Part-Time Are you able to work rotating shifts? Yes No

Are you willing to work overtime? Yes No Are you able to travel, if necessary? Yes No

Do you have a valid Driver's License? Yes No If yes, what Class? _____

Have you previously applied for employment with GLP Services or any other Greenleaf company? Yes No

If yes, when did you apply and for what position? _____

Have you ever been employed by GLP Services LLC or any other Greenleaf company? Yes No

If yes, provide dates of employment, location, position, manager's name and reason for separation: _____

Are you a Veteran? Yes No Duty/Specialized Training: _____

Are you able to perform the essential functions of the position you are applying for, with or without reasonable

accommodation, as described in the job description? Yes No

Are you able to work in the physical environment described in the job description? Yes No

Education

School Name and Location

Course of Study

Yrs Attended

Degree Obtained

High School		N/A		
College/University				
Vocational/Technical/Trade				
Additional				

Work Experience

Please list the names of your present and/or previous employers in chronological order with most recent employers listed first. Provide information for at least the most recent 10 year period. If self-employed supply the firm/company name and business references. Use additional sheets if necessary, A résumé is not a substitute for completion of Work Experience.

Employer

Name

Address

Type of business

to

Dates of Employment

Position/Title

Job duties

Supervisor Name/Title

Supervisor Phone Number

May we contact this person? ___ Yes ___ No

Reason for leaving this employer: _____

What will this employer indicate is the reason your employment was terminated? _____

Employer

Name

Address

Type of business

to

Dates of Employment

Position/Title

Job duties

Supervisor Name/Title

Supervisor Phone Number

May we contact this person? ___ Yes ___ No

Reason for leaving this employer: _____

What will this employer indicate is the reason your employment was terminated? _____

Employer

Name _____ Address _____ Type of business _____
_____ to _____
Dates of Employment _____ Position/Title _____

Job duties _____

Supervisor Name/Title _____ Supervisor Phone Number _____ May we contact this person? ___ Yes ___ No

Reason for leaving this employer: _____

What will this employer indicate is the reason your employment was terminated? _____

Employment History

Have you ever been terminated involuntarily from a position? ___Yes ___No If yes, how many times? _____

Has your employment ever been ended by mutual agreement? ___Yes ___No If yes, how many times? _____

Have you ever been asked to resign? ___Yes ___No If yes, how many times? _____

If you answered yes to any of the above questions please explain the circumstances for each occasion:

Skills and Qualifications

List other qualifications such as special skills, abilities, honors, etc. that should be considered: _____

List professional licenses, certifications or registrations relevant to the position: _____

Note all types of equipment or machines that you are qualified to operate and/or repair: _____

List computer programs and software that you have experience with: _____

References

List three professional references:

_____	_____	_____	_____
Name	Relationship/Business	Years Known	Telephone Number
_____	_____	_____	_____
Name	Relationship/Business	Years Known	Telephone Number
_____	_____	_____	_____
Name	Relationship/Business	Years Known	Telephone Number

Applicant's Certification and Agreement

I certify that all information in this application, in my résumé and any supporting documents I present during the interview process are complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification for consideration for employment or if employed may result in disciplinary action, up to and including termination of employment.

GLP Services is an at-will employer which means that employees and GLP Services has the right to terminate employment at any time, with or without advance notice, and with or without cause. Employees also may be demoted or disciplined and the terms of their employment may be altered at any time, with or without cause, at the discretion of GLP Services. No one other than the President of GLP Services has the authority to alter this arrangement, to enter into an agreement for employment for a specified period of time, or to make any agreement contrary to this at-will status. Any such agreement must be in writing, must be signed by the President of GLP Services and by the affected employee, and must express a clear and unambiguous intent to alter the at-will nature of the employment relationship.

I understand any offer of employment will be contingent upon the satisfactory outcome of a drug screen, physical, employment verification, reference check, criminal background check and DMV verification (if applicable).

If hired by GLP Services, I agree to conform to the policies and procedures of GLP Services including, but not limited to, GLP Services' Employee Handbook and Drug and Alcohol Policy.

If hired by GLP Services, I understand and agree that as a condition of employment and to the extent permitted by Federal, State and local laws, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement.

If hired by GLP Services, I understand that I will be required to complete a Department of Homeland Security Employment Eligibility Verification Form (Form I-9) and present acceptable documentation verifying my identity and eligibility to work in the United States.

I authorize GLP Services and/or its agents to confirm all statements contained in this application and/or my submitted résumé as it relates to the position I am seeking to the extent permitted by Federal, State and local laws. I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by Federal, State and local laws, GLP Services and any party delivering information to GLP Services or its duly authorized representative pursuant to authorization from any liability, claims, charges or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability GLP Services and its representative for seeking such information and all other persons, corporations, or organization for furnishing such information. Further, if hired, I authorize GLP Services to provide truthful information concerning my employment to future employers and hold GLP Services harmless for providing such information.

I understand this application will be considered active for a maximum of sixty (60) days. If I wish to be considered for employment after that time, I understand I must reapply.

I certify that all of the information that I have provided on this application is true, accurate and complete.

Do not sign until you have read all of the information contained in the application.

Applicant Signature

Date