



DEVELOPMENT, INC.

## GK DEVELOPMENT, INC. APPLICATION FOR EMPLOYMENT

GK Development, Inc., (GKD) is an equal opportunity employer and considers all applicants for employment without regard the person's race, age, sex, religion, national origin, disability, sexual orientation, color, veteran status, marital status and any other protected category. No question on this form is intended to be used as a basis for discriminating against any applicant.

Any applicant who needs an accommodation of a physical or mental disability should notify the GKD HR representative to request such an accommodation. GKD will make every effort to provide assistance throughout the application process.

Employment with GKD is "at will" under Illinois and other state law meaning that the employee has the right to terminate his or her employment at any time for any reason. Likewise, GKD has the right to terminate any employee at any time for any reason.

No one at GKD has the authority to make promises to alter this "at will" relationship except for the President of the Company. The information contained in this application and the other employment-related documents do not constitute a "contract" for employment for a specified length of time. GKD reserves the right to alter or abolish the terms and conditions of employment at any time.

### APPLICANT'S PERSONAL INFORMATION

Position applied for \_\_\_\_\_ Date of Application \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_, Town \_\_\_\_\_, State \_\_\_\_\_,

Zip Code \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_, Cell Phone (\_\_\_\_) \_\_\_\_\_

E Mail Address \_\_\_\_\_

Have you worked for GKD before? If so, please indicate your job title, dates of employment and name of supervisor.

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Are you eligible to work in the United States? \_\_\_\_\_

Please be aware that before you begin work you must complete a Form I-9 and submit documentation required by the US Government. Failure to submit such documentation will result in denial of employment.

Date of availability for work \_\_\_\_\_

Type of employment desired Full time \_\_\_ Part time \_\_\_

GKD's business operations may include hours on weekends and holidays. Employees are expected to be available when scheduled. Please advise us now if there are times when you are unavailable for work or whether you will be requesting an accommodation on your schedule and the reasons for the request.

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Have you ever been convicted of crime? If so, explain in detail the circumstances, including the nature of the conviction, when it took place, and any subsequent convictions.

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Please note that conviction of a crime will not automatically exclude you from consideration for the position you're seeking. GKD will take into account all information you provide to determine your fitness as an applicant. This includes the nature of the conviction, when it took place and what you have done since the conviction.

### EMPLOYMENT HISTORY

Start with your present or most recent position. Include military service assignments and volunteer activities. Exclude organization names that indicate race, color, religion, sex or national origin.

1) Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Describe Duties/Responsibilities/Accomplishments: \_\_\_\_\_

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**Reason for Leaving**

Dates of Employment (Month/Year): From \_\_\_\_\_ To: \_\_\_\_\_

**2) Employer:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Describe Duties/Responsibilities/Accomplishments:** \_\_\_\_\_

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**Reason for Leaving**

Dates of Employment (Month/Year): From \_\_\_\_\_ To: \_\_\_\_\_

**3) Employer:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Describe Duties/Responsibilities/Accomplishments:** \_\_\_\_\_

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**Reason for Leaving**

Dates of Employment (Month/Year): From \_\_\_\_\_ To: \_\_\_\_\_

**SKILLS AND QUALIFICATIONS**

Please advise us of any training, skills, licenses or certificates that you believe demonstrate your fitness for the position you're seeking. Please list the dates when you earned these certifications and whether they are still in effect.

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You may be asked to submit proof of any certifications as part of the application process.

Based on your knowledge of the position you are applying for, are you able to perform the functions of this job? Yes \_\_\_\_\_ No \_\_\_\_\_ If you need more information about the job please advise us and we will provide it.

GKD allows employees a limited number of sick days per year. Are you able to work within those limitations?

Yes \_\_\_\_\_ No \_\_\_\_\_

**EDUCATION BACKGROUND**

<u>Schools/Colleges Attended:</u>	<u># of Years</u>	<u>Year Graduated</u>	<u>Degree</u>
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**REFERENCES**

Please list three references who are in a position to know about your character, reputation, work habits, reliability and trustworthiness. Do not use any relatives as references.

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**APPLICANT DECLARATION**

By signing this application form I am certifying that the information I have provided is true and complete. I understand that if any of the information provided is untrue or if I have not been completely truthful that this will be sufficient reason for GKD to cancel any further consideration of my application. I understand that even after I have been hired, if GKD determines that I have falsified any application documents or have lied during the process my employment will be terminated immediately.

I acknowledge that it is the policy of GKD to require all applicants for positions in the field to submit to a screening for the presence of non-prescribed controlled substances, illegal drugs or alcohol in my urine or other fluids. I voluntarily consent to submit to any drug screening required by GKD and will participate as directed. I also understand that my failure to cooperate in the screening, tampering with the process or attempting to submit a false sample will be immediate grounds for cancellation of the application process.

In making this application for employment, I understand that an investigative consumer report will be prepared in which a consumer reporting agency will seek information about my character, general reputation, credit and financial history, personal characteristics and criminal activities. I agree to authorize any investigating organization to conduct such a background check and will cooperate fully as requested. I also authorize the reporting agency to contact my references, former employers, schools or others to gather information.

I understand that this application will remain in effect for thirty days. If I wish to be considered for employment following the thirty-day period, I must complete a new application.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**