

## Gingko Lighting Corp.

## **Employment Application**

Applicant Information									
Full Name:					Date:				
	Last First				M.I.				
Address:									
	Street Address							Apartment/Unit #	
	City					State		ZIP Code	
Phone:			E	mail					
Date Availat	ble: So	ocial Security No	o.:			Desi	red Salary	/: <u>\$</u>	
Position App	blied for:								
Are you a citizen of the United States?			0 ]	YES NO If no, are you authorized to work in the U.S.? $\Box$					
YES NO   Have you ever worked for this company?    □   □   □									
Have you ev	ver been convicted of a felo		0 ]						
lf yes, expla	in:								
		E	duca	tion					
High School: Address:									
From:	То:	Did you gradu	uate?	YES	NO □	Diploma::			
College:		Add	ress:						
From:	То:		uate?	YES	NO □	Degree:			
Other:		Add	ress:						
From:	То:		uate?	YES	NO □				
References									
Please list three professional references.									
Full Name:	Full Name: Relationship:								
Company:							Phone:		
Address:									

Full Name:				Relationship:	
Company:					
Address:					
Full Name:				Relationship:	
Company:					
Address:					
	Previous E	Employme	ent		
Company:				Phone:	
Address:					
Job Title:					
Responsibili	ties:				
From:	To:	Reason fo	or Leaving	:	
May we cont	tact your previous supervisor for a reference?	YES	NO □		
Company:				Phone:	
Address:				<b>.</b> .	
Job Title:					
Responsibili	ties:				
From:	То:				
May we cont	tact your previous supervisor for a reference?	YES	NO □		
Company:				Phone:	
Address:				Supervisor:	
Job Title:					
Responsibili	ties:				
From:	To:				
May we cont	tact your previous supervisor for a reference?	YES	NO		

Military Service					
Branch:	From:	То:			
Rank at Discharge:	Type of Discharge:				
If other than honorable, explain:					
Disclaimer and Signature					
I certify that my answers are true and complete to the best of my knowledge.					
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.					
Signature:	Date:				

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