

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE



Have you worked here
before? YES _____
When? _____
NO _____

APPLICATION FOR EMPLOYMENT

Galls LLC • 1340 Russell Cave Road • Lexington, KY 40505 (859)266-7227
EOE M/F/V/D

PLEASE COMPLETE (PLEASE PRINT) DATE _____

Name _____
Last First Middle

Present address _____
Number Street City State Zip

How long _____ Social Security No. _____ - _____ - _____

Telephone () _____

Position applied for: _____ Can You Work?
Salary Expected: _____ Fulltime _____ Part-time _____
For reference purposes, have you ever been known by another name? _____ Any Shift _____ Day Shift Only _____
Valid Drivers License? _____yes _____no DL Nbr: _____ Overtime _____ Night Shift Only _____
Saturday _____ Sunday _____

Give Names, Relationship of Relatives employed by Galls: _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

Date Available for work? _____ How were you referred? Galls Employee _____ Who? _____

Agency _____ Job Fair _____ Newspaper Ad _____ Walk-in _____ Other _____

Can you upon employment provide proof of identity and your legal work authorization in the job for which you are applying? Yes _____ No _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	#YRS COMPLETED	Graduated or Completed? Please list degree if applicable
High School				
College				
Bus. or Trade School				
Apprenticeship Progr.				

HAVE YOU EVER BEEN CONVICTED OF A Felony? No Yes

Note: Conviction of a crime will not necessarily be a bar to employment. Other factors associated with the conviction will be considered in determining suitability for employment.

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

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HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No MILITARY

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		

Reason for leaving (be specific) May we contact for reference? yes no

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your Last Job Title		

Reason for leaving (be specific) May we contact for reference? yes no

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Do you have any other skills or information you think we should consider as we review this application? List accomplishments, activities, additional work experience, equipment you can operate, computer/software skills you have, etc.

Please read the following information carefully before signing:

I understand the statements I have made are true and correct to the best of my knowledge. I understand that the submission of any false information or the omission of any requested information in connection with my application for employment, whether on this document or not, may be cause for failure to hire or for immediate discharge should I be employed by Galls LLC.

I understand that, if hired, my employment would be "at-will" and could be terminated at any time by either party, with or without cause and with or without notice. Only an agreement signed by a Galls LLC executive officer can modify this agreement.

I acknowledge that this application of employment will be active for 60 days; after this time period, I must reapply for further consideration.

I authorize you to make such investigations of my personal, employment or other related matters as they may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application. I also understand my employment is subject to my:

_____ successful completion of a drug and alcohol screening administered by a Galls administrator.

_____ completion of any other post-employment forms and records if applicable.

_____ providing documents which satisfy requirements of the Immigration Reform & Control Act of 1986.

_____ submitting to a background check administered by a Galls administrator.

Your Signature _____ Date _____