

Gulfstaff LLC

Employment Application

280 rue Petit Bois
 Biloxi, MS 39531
 Tel (228) 385-8848 / Toll-free (877) 385-8848
 Fax (228) 385-8847 / Email info@gulfstaff.com

PERSONAL INFORMATION

Date: _____

First Name: _____ Middle Initial: _____

Home Telephone: (____) _____

Last Name: _____

Bus. Telephone: (____) _____

Permanent Street Address: _____

Mobile Telephone: (____) _____

City, State, ZIP: _____

Email Address: _____

Current Street Address: _____

Social Security No.: _____

City, State, ZIP: _____

I am legally eligible to work in the US: Yes No

Position Applied For: _____

I am over 18 years of age: Yes No: DOB: _____

Date available to begin work: _____

Placement I will accept: Temporary Permanent

Pay rate expected: _____ Hourly Weekly

I wish to work: Full-Time Part-Time Overtime

I have reliable transportation: Yes No

I have applied here before: Yes: Mo/Yr: _____ No

I have a valid driver license: Yes No

How did you find out about our company?
 Ad News Walk-in Referral: _____

I am willing to travel: Yes: How far: _____ mi. No

Please list any relatives or friends who work for us:

I have been convicted of a felony: Yes No

If yes, please give details: _____

Please list any special skills, training, licenses, certifications, languages, etc., you possess: _____

Please list any memberships in professional or civic organizations you belong to (omit any that may disclose your race, color, religion, or national origin): _____

EDUCATIONAL BACKGROUND

Please complete the following section concerning your educational background.

| Level | Name and Location of School | Course of Study | Dates Attended | Did You Graduate? | Degree/Diploma |
|--------------------|-----------------------------|-----------------|----------------|-------------------|----------------|
| Elementary | | | | ___ Yes ___ No | |
| Secondary | | | | ___ Yes ___ No | |
| Trade/Technical | | | | ___ Yes ___ No | |
| College/University | | | | ___ Yes ___ No | |
| Post-Graduate | | | | ___ Yes ___ No | |

EMPLOYMENT HISTORY

Please complete the following section concerning your last three employers, starting with the most recent one first.

| | |
|-----------------------------|---|
| 1. Name of Company: | Dates of Employment (Mo/Yr): From: To: |
| Street Address: | City, State, ZIP: |
| Position/Title: | Duties: |
| Reason For Leaving: | Wage: Starting: Ending: __ Hrly __ Wkly |
| Name & Title of Supervisor: | Telephone No.: () |

| | |
|-----------------------------|---|
| 2. Name of Company: | Dates of Employment (Mo/Yr): From: To: |
| Street Address: | City, State, ZIP: |
| Position/Title: | Duties: |
| Reason For Leaving: | Wage: Starting: Ending: __ Hrly __ Wkly |
| Name & Title of Supervisor: | Telephone No.: () |

| | |
|-----------------------------|---|
| 3. Name of Company: | Dates of Employment (Mo/Yr): From: To: |
| Street Address: | City, State, ZIP: |
| Position/Title: | Duties: |
| Reason For Leaving: | Wage: Starting: Ending: __ Hrly __ Wkly |
| Name & Title of Supervisor: | Telephone No.: () |

May we contact: Employer No. 1? Yes No Employer No. 2? Yes No Employer No. 3? Yes No

REFERENCES

Please include only people familiar with your work ability and character other than above. Do not include relatives.

| Name | City, State | Relationship | Yrs Known | Telephone No. |
|------|-------------|--------------|-----------|---------------|
| 1. | | | | () |
| 2. | | | | () |
| 3. | | | | () |

CERTIFICATION AND RELEASE

By my signature below, I hereby certify that to the best of my knowledge and belief the information provided in this application is true, complete, and accurate. I understand that false statements or omissions made on this application or during the application process may result in rejection of my application or, if employed, may result in my termination at any time. I authorize investigation of all statements made herein and authorize and release from liability all individuals, companies, schools, courts, and law enforcement agencies to provide any pertinent information they may have concerning me to Gulfstaff LLC, its agents, and assigns. I understand that, if hired, I am employed at will and my employment and compensation may be terminated at any time, with or without notice or cause, by Gulfstaff or by myself. I further acknowledge that certain positions for which I may be considered may require a pre-employment physical examination, drug testing, and/or in-depth background check, and I hereby agree to submit to same and to permit release of the results to Gulfstaff LLC.

Signature: _____ Date: _____