

788 Phillips Drive City of Industry, CA 91748 **626.810.8760** Fax 626.810.8763 www.gmpvitamin.com

## **Employment Application**

Applicant Information								
Full Name:						Date:		
	Last	First			M.I.			
Address:	Stroot Addroop					Aportmont// Init #		
	Street Address					Apartment/Unit #		
	City				State	ZIP Code		
Phone:		E	Email					
Date Available: Social Security No.:				Desired Salary:\$				
Position App	olied for:							
						NO		
Have you ev	ver worked for this compar	YES NO	If yes, w	/hen?_				
Have you ev	ver been convicted of a felo	YES NO Dny?						
If yes, expla	in:							
		Educa	ation					
High School	l:	Address:						
From:	To:	_ Did you graduate?	YES	NO	Diploma:			
College:		Address:						
From:	To:	_ Did you graduate?	YES	NO	Degree:			
Other:		Address:						
From:	To:	_ Did you graduate?	YES	NO	Degree:			

## References Please list three professional references. Full Name: Relationship: Phone: Company: Address: Full Name: Relationship: Phone: Company: Address: Full Name: Relationship: Phone: Company: Address: Previous Employment Company: Phone: Supervisor:\_\_\_\_ Address: Starting Salary:\$ Job Title: Ending Salary:\$ Responsibilities: Reason for Leaving: From: To: YES NO May we contact your previous supervisor for a reference? Company: Phone: Supervisor: Address: Ending Salary: Starting Salary:\$ Job Title: Responsibilities: \_\_\_\_\_ To:\_\_\_\_ Reason for Leaving: From: YES NO

May we contact your previous supervisor for a reference?

Military Service						
Branch:	From:	To:				
Rank at Discharge:	Type of Discharge:					
If other than honorable, explain:						
	Disclaimer and Signature					
I certify that my answers are true and comp	plete to the best of my knowledge.					
If this application leads to employment, I un interview may result in my release.	nderstand that false or misleading informatio	n in my application or				
Signature:	Da	ate.				