



If any state or federal law prohibits the report of any information on this form, then that information will not be used when reviewing this Application for Employment, and an Applicant's eligibility for

# APPLICATION FOR EMPLOYMENT

## APPLICANT INSTRUCTIONS

- 1). Please read "APPLICANT NOTE" below.
- 2). Print clearly: We cannot process Applications that we cannot read or are not complete.
- 3). Provide only requested information. Failure to do so may result in disqualification of your Application.

**APPLICANT NOTE:** This Application for Employment is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all questions completely and accurately. All qualified applicants will receive consideration without regard to race, color, religion, sex, sexual orientation, gender identity, pregnancy, age, national origin, military reserve membership, veteran status, disability, or any other characteristic protected by applicable law. Additional testing for job-related skills and for use of illegal drugs or illegal substances may be required as a condition of employment.

**A valid Social Security Card is required for employment with TGI.**

LAST NAME			FIRST	MIDDLE	DO YOU HAVE A VALID SOCIAL SECURITY CARD? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HOME ADDRESS			CITY	STATE	ZIP CODE	AREA CODE & PHONE NUMBER
DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO				ARE YOU A VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO		
ARE YOU OVER THE AGE OF 18? <input type="checkbox"/> YES <input type="checkbox"/> NO						
I AM APPLYING FOR A POSITION AS:						
DATE ABLE TO START:		HOW MANY HOURS CAN YOU WORK PER WEEK?		CAN YOU WORK OVERTIME IF NEEDED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
FILL IN AVAILABILITY: SUN __am__pm MON __am__pm TUE __am__pm WED __am__pm THU __am__pm FRI __am__pm SAT __am__pm						
HOW FAR DO YOU LIVE FROM THE AIRPORT? _____ MILES			DO YOU HAVE RELIABLE TRANSPORTATION? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HAVE YOU EVER WORKED FOR THE GROVE BEFORE? STATE WHERE AND WHEN:						
DO YOU HAVE ANY RELATIVES WHO HAVE WORKED, OR ARE WORKING FOR THE GROVE? IF YES, NAME OF RELATIVE(S) AND WHAT LOCATION.					<input type="checkbox"/> YES <input type="checkbox"/> NO	

LIST SCHOOLS ATTENDED	EDUCATION NAME AND ADDRESS OF SCHOOL	GRADUATED YES/NO	DEGREE EARNED	MAJOR
HIGH SCHOOL				
COLLEGE				
BUSINESS OR TECHNICAL				

# EMPLOYMENT HISTORY

LIST ALL PREVIOUS WORK EXPERIENCE AND MILITARY SERVICE. BEGIN WITH THE MOST RECENT POSITION. PLEASE BE PREPARED TO EXPLAIN ANY GAPS IN EMPLOYMENT.

FROM MO/YR  TO MO/YR	EMPLOYER NAME ADDRESS AND TELEPHONE NUMBER NAME OF SUPERVISOR	JOB TITLE AND DESCRIPTION OF WORK	REASON FOR LEAVING

**PERSONAL REFERENCES: LIST INDIVIDUALS NOT RELATED TO YOU WHO YOU HAVE KNOWN FOR AT LEAST ONE YEAR**

NAME	ADDRESS/BUSINESS NAME	TELEPHONE NUMBER	YEARS KNOWN
1			
2			
3			

**CERTIFICATION AND RELEASE**

*I certify that the answers and information provided by me on this Application for Employment are complete and true, to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentation of facts I have provided on this Application for Employment may result in the rejection of my consideration for employment, or termination of my employment at any time.*

*I understand that the use of illegal drugs and/or substances is prohibited during working time and on work premises. I hereby agree to submit to drug testing to detect the use of illegal drugs and/or substances both prior to, and at any time during employment, in accordance with applicable law. I am aware that, as part of my job, I may be required to stand for long periods of time, and may be required to lift up to 30 pounds.*

*I authorize The Grove and/or its agents to verify any information provided above. I also authorize present and former employers and individuals I have listed as personal references to furnish information about my employment record, reason for termination of employment, work performance, skills, abilities, and other qualities pertinent to my qualifications for employment, and hereby release them and The Grove from any and all liability arising from, or relating to their providing the requested information.*

*I understand and agree that, if hired, my employment with The Grove is At-Will, for no definite period, and may be terminated at any time, with or without any prior notice.*

*Where required, employment with The Grove is contingent on being approved by the Transportation Security Administration (TSA) for badging, which includes a criminal background check and fingerprinting.*

<b>SIGNATURE</b>	<b>DATE</b>
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