



Application for Employment

GATR Truck Center
 700 29th Avenue SW
 Cedar Rapids, IA 52404

NAME/FIRST, MIDDLE, LAST		DATE	
STREET ADDRESS			
CITY		STATE	ZIP CODE
HOME TELEPHONE NUMBER		OTHER TELEPHONE NUMBER	
WHAT POSITION ARE YOU APPLYING FOR?		HAVE YOU WORKED FOR GATR BEFORE? NO <input type="checkbox"/> YES <input type="checkbox"/> If yes, when _____	
PLEASE LIST APPLICABLE SKILLS AND ABILITIES		ARE YOU WILLING TO WORK OVERTIME? YES <input type="checkbox"/> NO <input type="checkbox"/> If No Explain _____	
ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? NO <input type="checkbox"/> YES <input type="checkbox"/>	ARE YOU RELATED TO ANYONE WHO IS CURRENTLY EMPLOYED WITH GATR? NO <input type="checkbox"/> YES <input type="checkbox"/> If yes, who? _____		
SOCIAL SECURITY NUMBER		E-MAIL ADDRESS	
HOW DID YOU HEAR ABOUT GATR?			
DATE YOU ARE AVAILABLE TO BEGIN WORK:	WILL YOU PROVIDE YOUR CURRENT EMPLOYER WITH A TWO WEEK NOTICE? NO <input type="checkbox"/> YES <input type="checkbox"/>	ARE YOU AT LEAST 18 YRS OF AGE? NO <input type="checkbox"/> YES <input type="checkbox"/>	

Applicants are considered for all positions, and employees are treated during employment, without regard to race, color, religion, sex, national origin, age, disability, or any other prohibited basis of discrimination, as provided under applicable state and federal law.

Federal law obligates us to provide reasonable accommodation to the known disabilities of applicants, unless to do so would pose an undue hardship.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION:

Do you have a high school diploma or equivalent? Yes No

COLLEGE EDUCATION:

School Attended	#of Yrs Attended	Course of Study	Degree Y/N?

SPECIAL SKILLS AND QUALIFICATIONS:

Summarize special job-related skills and qualifications acquired from employment or other experience.

Explain your interest in working in this field:

TRAINING/CERTIFICATION INFORMATION: Only complete for the positions listed below.

If applying for parts delivery or parts / truck sales a valid IA drivers license is required.

If applying for service technician, body technician, or driver please check any of the following certifications or trainings that you currently have completed:

- CDL (Commercial Driver's License)
- DOT (Department of Transportation) Technical Certification
- Health Card
- _____
- _____
- _____

EMPLOYMENT HISTORY:

EMPLOYER NAME AND ADDRESS: _____ _____	DATES OF EMPLOYMENT: FROM _____ TO _____
	STARTING WAGE: _____
	ENDING WAGE: _____
SUPERVISOR: _____	REASON FOR LEAVING: _____
GENERAL DESCRIPTION OF DUTIES: _____ _____ _____	

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	STARTING WAGE: _____
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	STARTING WAGE: _____
	ENDING WAGE: _____
SUPERVISOR: _____	REASON FOR LEAVING: _____
GENERAL DESCRIPTION OF DUTIES: _____ _____ _____	

HAVE YOU EVER BEEN CONVICTED OF A FELONY IN THE PAST 7 YEARS?

NO YES

(A CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT)

AUTHORIZATION AND ACKNOWLEDGEMENT

I certify that all the information on this application is true and accurate. I understand that this application becomes a part of my employment record, and that any false information may result in my immediate discharge.

I authorize an inquiry to be made on the information contained in this application if I am considered for employment.

The employers, personal references, and educational institutions named herein are authorized to release information about me. I hereby release them from all liability for issuing such information.

I understand and acknowledge that if any misrepresentation or omission of material facts has been made by me or the results of an investigation are not satisfactory for any reason, any consideration, offer, or actual employment by the company may be terminated immediately without obligation or liability to me other than payment at the rate agreed upon, for service actually rendered, for the period of time I was employed.

I understand that I will be required to undergo blood and/or urinalysis testing for controlled substances as part of the application process and as a condition for my employment. I further understand if I test positive for a controlled substance, except in such instances where the substance is present pursuant to a current doctor's medication prescription, I will not be hired, or if already working, that I will be terminated.

I understand that neither granting of an interview nor anything contained in this application, company policies, procedures, or handbooks that I might receive, are intended to create an employment contract between the company and myself. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon GATR unless made in writing by the Human Resources Department. I understand that if hired, my employment is for no definite period of time and that either I or GATR may terminate the employment relationship at any time and for any reason. I agree to conform to the rules and regulations for the company.

I hereby acknowledge that I have read and understand the above statements.

Signature

Today's Date