

# GEL CORPORATION



## Employment Application (An Equal Opportunity Employer)

*We adhere to a policy of making employment decisions without regard to race, color, age, sex, religion, national origin, disability/handicap or marital status.*

APPLICANT INFORMATION										
Last Name			First			M.I.		Date		
Street Address					Apartment/Unit #					
City			State			ZIP				
Phone			E-mail Address							
Date Available			Social Security No.							
Position Applied for										
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?						
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain						
PREVIOUS EMPLOYMENT										
<b>DAYS ABSENT FROM WORK LAST YEAR? _____</b>										
<b>DO YOU HAVE TRANSPORTATION TO AND FROM WORK EVERY DAY? _____</b>										
<b>WILL YOU WORK OVERTIME? _____</b>										
Company					Phone					
Address					Supervisor					
Job Title			Starting Pay \$		Ending Pay \$					
Responsibilities										
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>										
Company					Phone					
Address					Supervisor					
Job Title			Starting Pay \$		Ending Pay \$					
Responsibilities										
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>										

**VOLUNTARY INFORMATION – GOVERNMENTAL AGENCIES REQUIRE THAT CERTAIN EMPLOYERS KEEP INFORMATION RELATED TO THEIR HIRING AND EMPLOYEMENT PRACTICES FOR INDIVIDUALS PROTECTED UNDER ANTI DISCRIMINATION LAWS. YOUR COMPLETION OF THIS SECTION IS VOLUNTARY**

SEX:  MALE  FEMALE

DATE OF BIRTH: \_\_\_\_\_ Over 18? \_\_\_\_\_

Ethnicity:

- |                  |                  |
|------------------|------------------|
| WHITE            | PACIFIC ISLANDER |
| AFRICAN AMERICAN | HISPANIC         |
| ASIAN            | AMERICAN INDIAN  |
| ALASKAN NATIVE   | OTHER            |

**WORKMANS COMPENSATION QUESTIONNAIRE**

QUESTION	YES	NO
1. HAVE YOU EVER RECEIVED TREATMENT FOR A BACK, NECK, KNEE CONDITION or HEAD INJURY?		
2. DO YOU NOW OR HAVE YOU EVER SUFFERED FROM ACHES OR PAINS IN THE BACK?		
3. HAVE YOU EVER HAD ANY SURGERY?		
4. HAS ANY INJURY OR ILLNESS EVER PREVENTED YOU FROM GAINFUL EMPLOYEMENT?		
5. HAVE YOU EVER HAD AN INJURY ON THE JOB?		
6. HAVE YOU EVER RECEIVED A DISABILITY RATING FOR ANY REASON?		
7. HAVE YOU EVER RECEIVED COMPENSATION OR MEDICAL BENEFITS UNDER WORKMANS COMPENSATION?		
8. DO YOU HAVE ANY LIMITATIONS WHICH MAY AFFECT YOUR ABILITY TO SAFELY OR EFFECTIVELY PERFORM THE POSITION WHICH YOU HAVE BEEN OFFERED?		
EXPLAIN FULLY ANY YES ANSWER:		

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge. I have been fully advised that if I am injured on the job, regardless of how minor the injury may seem, I am to report that injury immediately to my supervisor. I certify the above answers to be true and correct, I understand that any false or misleading answers to these questions will be sufficient for denial of benefits under the Florida Workman’s Compensation Act and basis for termination of employment. I also understand that my answers may be verified by investigation.

Signature

Date