GEORGES TOOL RENTAL, INC.

EMPLOYMENT APPLICATION

We are an Equal Opportunity Employer. All applicants are considered without regard to race, color, religion, disability, sex, national origin, age, or any other basis protected by federal, state, or local law. This employment application is only active for 30 days. After this time period a separate employment application must be submitted in order to be considered for employment.

PERSONAL

PLEASE PRINT CLEARLY

Date

FERSUNAL	PLEASE FIXIN	VI CLEARLI Duie
First Name	Middle	Last
Street Address	Social Security No	
City/State/Zip		Phone ()
If hired, do you have a reli Minimum salary expected	iable means of transportation to get to work?	Other Yes No What is it? Are you at least 18 years old? Yes No
If the job you are applying	g for requires driving: Driver's License No.	State IssuedExpiration DateProof of U.S. citizenship or immigration status will be required if hired.)
Have you been convicted	of a crime, other than a minor traffic violation,	in the last ten years?
offense and disposition of	the case. Include dates and places. (NOTE: The ex	xistence of a criminal record does not constitute an automatic bar to employment.)
EMPLOYMENT DAT	A	
Are you seeking: Te	emporary Full-time Part-time What p	position(s) are you applying for?
What hours and shift(s) we	ould you prefer to work?	
What hours and shift(s) we	ould you prefer not to work?	
Please indicate any shift(s)) you would not be available to work.	
Are you willing to work o	vertime?	Yes ☐ No Holidays? ☐ Yes ☐ No
Are you currently employ	ed? Yes No If hired, when would yo	ou be able to start?
Have you ever worked for	this organization before? Yes No If	f yes, name used:
List any friends or relative	es employed by this company:	2
Are you on layoff and sub	ject to recall?	that a pre employment drug test will be required. \(\sum \text{ Yes } \subseteq \text{ No}
Have you ever been discha	arged or asked to resign from any position? \Box	Yes No If yes, please describe:
How many days have you	missed from school or work within the last year	other than approved vacation, sick, or disability leave?
How many days have you	been late to school or work within the last year of	other than approved vacation, sick, or disability leave?
A86.17 (1984.) 2.03		5 (5) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
		ition for which you are applying. Are you able to perform all
these tasks with or with		☐ No Please describe which tasks, if any, you will need
EDUCATION (Circle his	ghest level attained.)	
Elementary: 1 2 3	4 5 6 7 8 Secondary: 9 10 1	11 12 G.E.D College: 1 2 3 4 5 6 7 8
Name of School:	Name of School:	Name of School:
Location of School:		
If currently in high school	, are you enrolled in a recognized co-op program	
If yes, identify program and school:		Minor:

WORK HISTORY (Please list your last four employers. Begin with the most recent.) Phone No. with Area Code () Company ____City/State/Zip ____ Address Dates of Employment: From _____To ____Salary: Beginning _____Ending ____ Supervisor's Name & Title Job Title Describe duties briefly: Specific reason for leaving: Phone No. with Area Code (_____) Company ___ Address _ City/State/Zip Dates of Employment: From ______To _____Salary: Beginning _____Ending _____ Supervisor's Name & Title ___ Job Title Describe duties briefly: ___ Specific reason for leaving: Phone No. with Area Code (_____) 3. Company __ ____City/State/Zip ____ Address _____ Dates of Employment: From ______To _____Salary: Beginning _____Ending _____ Job Title _ ____Supervisor's Name & Title ____ Describe duties briefly: Specific reason for leaving: Phone No. with Area Code (_____) 4. Company ____ ____City/State/Zip _____ Address _ Dates of Employment: From _______To _______Ending ______Ending _____ Job Title _ Supervisor's Name & Title Describe duties briefly: _____ Specific reason for leaving: How many jobs have you had in the last five years not listed above? Why are you seeking a new position at this time? ___ List any business-related outside interests and organizations you're active in: PLEASE READ THE FOLLOWING CARFULLY, THEN SIGN AND DATE THE APPLICATION. I authorize this company to make an investigation of all information contained in this employment application and I release from liability all companies and corporations

I authorize this company to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge. Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer. I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report deemed necessary through various third party sources. As required by law, upon request within a reasonable period of time, I will be notified as to the nature and scope of such investigations. I hereby agree to submit to any drug/alcohol test required of me, whether prior to my employment or if employed by this company at any time thereafter. I understand and expressly agree that if employed by the company, storage areas provided for me (locker, desk, etc.) are open to investigation or search by the company without prior notice to me. I further understand this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is for an indefinite period of time and the company may change wages, benefits, and conditions at any time. My employment is at will. No individual with the company is authorized to change the employment-at-will status except any officer of the company, who may do so only in writing. I have read and understand the above.

Applicant's Signature

Date