



**GCI RESIDENTIAL, INC.**  
 1701 Olive Street ~ Capitol Heights, MD 20743

**APPLICATION**

GCI Residential, Inc. is an Equal Opportunity Employer. GCI Residential, Inc. does not discriminate in employment with regard to race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status, or unfavorable discharge from military service or any other characteristic protected by law.

**Incomplete information could disqualify you from further consideration. Please complete all fields. Provide VALID STATE-ISSUED ID and must speak ENGLISH.**

Last Name	First	Middle Initial	Application Date
Current Street Address			
City, State, Zip			
E-mail Address			
Home Phone #		Mobile Phone #	
Are you legally eligible to work in the United States? [ ] Yes [ ] No			
Are you at least 18 years or older? [ ] Yes [ ] No (If not, you may be required to provide authorization to work.)			
Have you ever been terminated from employment or asked to resign by an employer? [ ] Yes [ ] No (If yes, please provide the company name and brief details.)			
Can you work any shift? [ ] Yes [ ] No		If no, explain:	
Work shifts? [ ] Full-Time or [ ] Part-Time			
Are you able to arrive at work by 5:00 am? [ ] Yes [ ] No <i>(applicable to Drivers and Laborer Techs (Helpers))</i>			
Can you work overtime, including weekends? [ ] Yes [ ] No			
Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation? [ ] Yes [ ] No			
The date you can start work?			Hourly Rate or Salary Desired?
Position Desired			



Are you currently employed?  Yes  No (If so, may we inquire about your present employer?  Yes  No

---

How did you hear about us?  Walk-In  Indeed  LinkedIn  Advertisement  Other: \_\_\_\_\_

Referral: Name of the person referred you \_\_\_\_\_

Do you know anyone who works for our company?  Yes  No If yes, who? \_\_\_\_\_

Have you ever applied for employment with us before?  Yes  No If yes: MM/YY \_\_\_\_\_ Location: \_\_\_\_\_

Were you previously employed by us?  Yes  No If yes: MM/YY \_\_\_\_\_ Location: \_\_\_\_\_

Explain: \_\_\_\_\_

EDUCATION	Name and Location of School	No. of Years Attended	Degree or Diploma Received	Major
High School				
College or University				
Trade, Business or Correspondence School, Technical				



**EMPLOYMENT HISTORY**

Include your last ten (10) years of employment history, including periods of unemployment, starting with the most recent and working backward in time. Incomplete information could disqualify you from further consideration. Use an additional sheet of paper if necessary.

<b>1</b>	Company Name	Telephone
	Address	Employed (State MM/YY) From                      To
	Name of Supervisor	Weekly Pay Start                      Last
	State Job Title and Describe Your Work	Reason for Leaving

<b>2</b>	Company Name	Telephone
	Address	Employed (State MM/YY) From                      To
	Name of Supervisor	Weekly Pay Start                      Last
	State Job Title and Describe Your Work	Reason for Leaving

<b>3</b>	Company Name	Telephone
	Address	Employed (State MM/YY) From                      To
	Name of Supervisor	Weekly Pay Start                      Last
	State Job Title and Describe Your Work	Reason for Leaving

<b>4</b>	Company Name	Telephone
	Address	Employed (State MM/YY) From                      To
	Name of Supervisor	Weekly Pay Start                      Last
	State Job Title and Describe Your Work	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact them. **DO NOT CONTACT** Employer Number(s) \_\_\_\_\_ Reason \_\_\_\_\_

**Do you have any specific skills, experience, and/or training that would enhance your ability to perform the position applied for?**  
 Yes  No If yes, explain:



REFERENCES

Give the names of three people not related to you, whom you have known for at least three (3) years.

Table with 4 columns: Name, Address, Phone, Email, Company, Years Acquainted. Rows 1, 2, 3.

PLEASE READ CAREFULLY BEFORE SIGNING

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for GCI Residential, Inc. to hire me. If I am hired, I understand that it would be on an at-will basis, either GCI Residential, Inc. or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of GCI Residential, Inc. has the authority to make any assurance to the contrary.

I attest with my signature below that I have given GCI Residential, Inc. true and complete information on this application. No requested information has been concealed. I authorize GCI Residential, Inc. to contact references provided for employment reference checks. If any information I have provided is untrue, or If I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date

Signature

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE ABOVE.



**FOR EMPLOYER'S USE ONLY**

<b>REFERENCE</b>	<b>Employer</b>	<b>Person Contacted</b>	<b>Results</b>
	1		
	2		
	3		
	4		

<b>TEST RESULT</b>	<b>Tests Administered</b>	<b>DOT'S Physical</b>	<b>Drug and Alcohol Rating</b>	<b>Analysis and Comments</b>

<b>INTERVIEW</b>	<b>Interviewer Name and Comments</b>	

\_\_\_\_\_

Date of Interview

\_\_\_\_\_

Interviewer Signature