



# The Gutters & More Companies

P O Box 80, Route 71, Mark IL 61340 Phone (815) 339-2542 Fax (815) 339-2115

## Personal Information

## Date:

Name	Social Security No:		
Present Address	City:	State:	Zip:
Phone#	Referred By:		

## Employment Desired:

Clerical

Technican

Sales

Position	Date you can start	Salary Desired
Are you employed?	If so may we contact your present employer?	
Ever applied to this company before?	Where?	When?

## Education History

Name & Location of School	Years Attended	Did you Graduate	Subjects Studied
Grammar School			
High School			
College			
Trade/Business School			

## General Information

Subjets of special study/Special Traning/Skills	
US Millitary or Naval Service	Rank

## Former Employers (list last four employers, starting with last one first)

Date-Month & Year	Name & Address of Employer	Salary	Position	Reason for leaving
From				
To				
From				
To				
From				
To				
From				
To				

**Experience (Please list any construction or gutter experience)**


**References (Provide the names of three persons not related to you, whom you have known at least one year)**

Name	Address	Business	Years Known

**Authorization**

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the referenced and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

\_\_\_\_\_  
**Date:**

\_\_\_\_\_  
**Signature**