



# Application for Employment

## Personal Information

Date: \_\_\_\_\_ Position Applying for: \_\_\_\_\_

NAME  
Last First Middle

Permanent Address: Street City State Zip

Cell Number: Alternate Number: Email Address:

Are Any Relatives Employed by Greka:  Yes  No Name: Relationship:

## Employment Desired

Salary Desired: Date You Can Start: Applied at Greka before:  Yes  No When?

Are You Currently Employed:  Yes  No How did you hear about Greka?

Do you have a valid Drivers License:  No  Yes Class: Endorsements: DUI in last 5 years?  Yes  No Date:

## Education

	Name and Location of School	Last Year Completed				Diploma	Subject Studied and/or Degree(s) Received
		1	2	3	4		
High School						<input type="checkbox"/> Yes <input type="checkbox"/> No	
College						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business or Correspondence School						<input type="checkbox"/> Yes <input type="checkbox"/> No	

## General

Subject of Special Study or Research Work

Job Related Skills (i.e. equipment, typing, software, hardware)

Professional affiliations, memberships, etc.

Foreign Languages:  read  write  fluent  fair

Greka is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability, or national origin. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.



Have you ever been convicted of a felony?  Yes  No (If your answer is "Yes," explain in concise detail on a separate sheet of paper or summary below, giving the dates and nature of the offense of the case(s). A conviction may not disqualify you, but a false statement will.)

**Work History**

Company Name		Type of business	Job Title
Street address		Phone number	Brief description of job duties
City	State	ZIP code	
Supervisor's name		Phone number	
Starting salary	Ending salary	Dates worked From To	Reason for leaving
Last or present company		Type of business	Job Title
Street address		Phone number	Brief description of job duties
City	State	ZIP code	
Supervisor's name		Phone number	
Starting salary	Ending salary	Dates worked From To	Reason for leaving
Last or present company		Type of business	Job Title
Street address		Phone number	Brief description of job duties
City	State	ZIP code	
Supervisor's name		Phone number	
Starting salary	Ending salary	Dates worked From To	Reason for leaving

**References** (List below three persons not related to you, whom you have known at least one year.

Name	Phone/Cell No.	Position	Years Acquainted
1.			
2.			
3.			

**AUTHORIZATION**

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company.

I understand that any employment is conditioned on a background check. I authorize the Company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

**I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create any employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing.**

If I am offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all Company work rules, policies and procedures. The Company retains the right to revise its policies or procedures, in whole or in part, at any time.

Date:	Signature:
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## Urinalysis Consent Form

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Greka requires all employees to be tested for controlled substances and alcohol as a pre-condition for employment and whenever an employee is involved in a work related injury or incident.

I consent to the urine or blood sample collection and testing for controlled substances and alcohol.

I understand that a positive test result for controlled substances or alcohol may result in disqualification for employment or termination.

I understand the above conditions and hereby agree to comply with them.

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date



# Authorization to obtain Driving Records

## Employee Authorization Letter

Greka  
PO Box 5489  
Santa Maria, CA, 93456

**Re: Authorizing Consumer Reports and/or Driving Records to be Obtained**

Dear Greka:

Consumer reports may be obtained as part of the Greka's evaluation of my job application/employment. The reports may be procured by Tolman and Wiker Insurance Services and may include my driving record, an assessment of my insurability under the Company's insurance coverage's or other consumer reports. By signing this disclosure, I hereby authorize the Company to procure such reports and additional reports about me from time to time, as it deems appropriate, to evaluate my insurability or for other permissible purposes.

Sincerely,

\_\_\_\_\_  
*Signature of Job Applicant*

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

PRINT YOUR NAME	DRIVER'S LICENSE NUMBER	EXPIRATION DATE	DATE OF BIRTH

Address (include City, State & Zip Code):

If you have a resume, please submit along with your application to:



PO Box 5489  
Santa Maria, CA 93456  
Email to [careers@greka.com](mailto:careers@greka.com)