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All Information is confidential

Glenhasbah Renewable Energy Technologies, Inc.

Applicant Information

Applicant Name _____

Mailing Address _____

City _____ ST _____ Zip _____ Phone _____ Cell/Home

Message Ph: _____ Relative _____ Other _____

Email Address _____ Personal/Work

Referred by: Company Person Other _____

GRET Position Requesting (Check all that apply)

Labor Management Transportation (CDL A/B Required) Clerk Other _____

• Temporary work: Summer? Y/N Holiday(s)? Y/N Internship? Y/N

• Part-time? Y/N If Y, hours per week? _____

• Full-time? Y/N (Winter hours: 7 hours per day/Summer hours: 10 hours per day)

Days available: Monday Tuesday Wednesday Thursday Friday Saturday

Morning Shift? Y/N/On-Call Evenings? Y/N/On-Call Overtime? Y/N/On-Call

If hired, what date can you start working? _____ / _____ / _____ (MM/DD/YYYY)

Desired Pay: \$ _____ per hour (Trainee & Non-Certified)/ \$ _____ per contract (State Certified)

Personal Information

Have you ever applied to for GRET before? Y/N If yes, give MM/YEAR: _____/_____

Do you have any friends, relatives, or acquaintances working for GRET? Y/N

If yes, name(s): 1) _____; 2) _____

If hired:

• Transportation to/from work? Y/N Interested in carpool? Y/N/Maybe

• Over the age of 18? Y/N (If under 18, hire is subject to verification of minimum legal age.)

• U.S. citizenship Proof of legal right to work in the United States? Y/N

• Are you willing to submit to a drug substance test before employment begins? Y/N

• Able to perform the essential functions of the job for which you are applying, either with/without reasonable accommodation? Y/N

• If no, describe the functions that cannot be performed: _____

Note: Company complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Y/ N

If yes, describe the crime/state nature of the crime(s):

1) _____ Date(s): _____

City _____ State _____ Zip _____

Describe: _____ Disposition: _____

2) _____ Date(s): _____

City _____ State _____ Zip _____

Describe: _____ Disposition: _____

3) _____ Date(s): _____

City _____ State _____ Zip _____

Describe: _____ Disposition: _____

4) _____ Date(s): _____

City _____ State _____ Zip _____

Describe: _____ Disposition: _____

Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.

Please check if more room or an attached separate sheet is needed for this section.

Education, Training and Experience (Most Recent First)

High School/ GED Graduate? Y/ N Year(s) completed: _____

Name: _____

Address: _____ City, ST zip: _____

College/ University/ Vocational School Graduate? Y/ N Year(s) completed: _____

Name: _____

Address: _____ City, ST zip: _____

Degree: _____ /Minor: _____

College/ University/ Vocational School Graduate? Y/ N Year(s) completed: _____

Name: _____

Address: _____ City, ST zip: _____

Degree: _____ /Minor: _____

College/ University/ Vocational School Graduate? Y/ N Year(s) completed: _____

Name: _____

Address: _____ City, ST zip: _____

Degree: _____ /Minor: _____

Military Service/Coast Guard:

Branch: _____ Rank: _____ Year(s) of Service: _____

Skills/duties: _____

Related details: _____

Additional Information (10 being efficient)

Language(s):

- 1) _____ Reading? 1 2 3 4 5 6 7 8 9 10 Writing? 1 2 3 4 5 6 7 8 9 10
- 2) _____ Reading? 1 2 3 4 5 6 7 8 9 10 Writing? 1 2 3 4 5 6 7 8 9 10
- 3) _____ Reading? 1 2 3 4 5 6 7 8 9 10 Writing? 1 2 3 4 5 6 7 8 9 10

Do you have any other experience, training, qualifications, or skills which you feel should be brought to our attention, in the case that they make you especially suited for working with us? Y/N

If yes, please explain: _____

Please check if more room or an attached separate sheet is needed for this section.

Employment History (Most Recent First)

Below, describe past and present employment positions, dating back five years and account for all periods of unemployment. **Even if you have attached a resume, this section must be completed.**

Currently employed? Y/N May we contact your current employer(s)? Y/N (If Yes, Check Employer)

Employer: _____ Supervisor: _____
 Address: _____ City, ST ZIP: _____
 Phone: _____ Position(s): _____
 Length (Month/Year): _____ to _____ Reason for Leaving: _____
 Duties: _____

Employer: _____ Supervisor: _____
 Address: _____ City, ST ZIP: _____
 Phone: _____ Position(s): _____
 Length (Month/Year): _____ to _____ Reason for Leaving: _____
 Duties: _____

Employer: _____ Supervisor: _____
 Address: _____ City, ST ZIP: _____
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 Length (Month/Year): _____ to _____ Reason for Leaving: _____
 Duties: _____

Employer: _____ Supervisor: _____
 Address: _____ City, ST ZIP: _____
 Phone: _____ Position(s): _____
 Length (Month/Year): _____ to _____ Reason for Leaving: _____
 Duties: _____

Unemployment Date(s): _____/_____/_____ to _____/_____/_____ _____/_____/_____ to _____/_____/_____
 _____/_____/_____ to _____/_____/_____ _____/_____/_____ to _____/_____/_____

Please check if more room or an attached separate sheet is needed for this section.

Professional References

List three persons who have knowledge of your work performance within the last four years.

Name _____ Phone _____ Cell/HomeOther
Email Address _____ Personal/Work
Address: _____ City, ST ZIP: _____
Occupation: _____ Years Acquainted: _____

Name _____ Phone _____ Cell/HomeOther
Email Address _____ Personal/Work
Address: _____ City, ST ZIP: _____
Occupation: _____ Years Acquainted: _____

Name _____ Phone _____ Cell/HomeOther
Email Address _____ Personal/Work
Address: _____ City, ST ZIP: _____
Occupation: _____ Years Acquainted: _____

Please Read and Initial Each Paragraph, then Sign Below

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by Glenhasbah Renewable Energy Technologies, Inc., terms for my immediate expulsion.
_____ (Initials)

I understand that if my application is accepted, Glenhasbah Renewable Energy Technologies, Inc. will conduct drug/alcohol testing before full employment to the premises or before training takes place. I authorize Glenhasbah Renewable Energy Technologies, Inc. to conduct drug/alcohol testing without notice or randomly to provide a safe environment for all employees and our customers.
_____ (Initials)

I permit the Glenhasbah Renewable Energy Technologies, Inc. to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release Glenhasbah Renewable Energy Technologies, Inc., my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation.
_____ (Initials)

Applicant's Signature: _____ **Date:** _____