

# GRB ACADEMY EMPLOYMENT APPLICATION

## APPLICATION DETAILS

Position applied for:	Date available for work:	Salary requirements:	How were You referred to us:			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Type of employment desired:	Full time <input type="checkbox"/>	Seasonal <input type="checkbox"/>	Part time <input type="checkbox"/>	Education <input type="checkbox"/>	Temporary <input type="checkbox"/>	Other <input type="checkbox"/>

## PERSONAL DETAILS

Last name:	First name:	Middle name:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Permanent address:			
<input type="text"/>			
City:	State:	Zip code:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Present address:			
<input type="text"/>			
City:	State:	Zip code:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Phone:	Mobile:	Email:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
If You are under 18 years of age, please state Your date of birth:			
<input type="text"/>			
Are You legally eligible for employment in this country, can You provide a work permit?			
		Yes <input type="checkbox"/>	No <input type="checkbox"/>



## EMPLOYMENT HISTORY

Please provide Your employment history (starting with Your most recent position).

Employer name:	Date of employment From:	Date of employment To:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address:		City:	
<input type="text"/>		<input type="text"/>	
State:	Zip code:	Phone:	Email:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Starting position:	Final position:	Starting salary:	Final salary:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
List major duties and type of work performed:			
<input type="text"/>			
Reason for leaving:			
<input type="text"/>			
Supervisor name:	Supervisor position:	May we contact for reference?	
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Phone:	Mobile:	Email:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Employer name: \_\_\_\_\_ Date of employment From: \_\_\_\_\_ Date of employment To: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Starting position: \_\_\_\_\_ Final position: \_\_\_\_\_ Starting salary: \_\_\_\_\_ Final salary: \_\_\_\_\_

List major duties and type of work performed:  
 \_\_\_\_\_

Reason for leaving:  
 \_\_\_\_\_

Supervisor name: \_\_\_\_\_ Supervisor position: \_\_\_\_\_ May we contact for reference? Yes  No

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Employer name: \_\_\_\_\_ Date of employment From: \_\_\_\_\_ Date of employment To: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Starting position: \_\_\_\_\_ Final position: \_\_\_\_\_ Starting salary: \_\_\_\_\_ Final salary: \_\_\_\_\_

List major duties and type of work performed:  
 \_\_\_\_\_

Reason for leaving:  
 \_\_\_\_\_

Supervisor name: \_\_\_\_\_ Supervisor position: \_\_\_\_\_ May we contact for reference? Yes  No

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

**EDUCATION DETAILS**

Please provide Your educational history information (begin with Your most recent institution)

Type of institution	High school	College / University	Graduate school
Name of institution	_____	_____	_____
Location of institution	_____	_____	_____
Start date	_____	_____	_____
Finish date	_____	_____	_____
Degree / Area of study	_____	_____	_____
Did You graduated?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are You currently a student?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

## QUALIFICATIONS AND SKILLS

List any licenses, certificates, special training and skills that may assist You in performing Your duties.

Skill / Qualification	Details / Description	Certificate / License		Years of experience
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	

## MILITARY SERVICE

Branch of service:	Rank attained:	Date enrolled:	Date of discharge:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do You have service-related skills and experience applicable to civilian employment? Yes  No

If Yes, please describe:

## ACHIEVEMENTS AND HOBBIES

List any achievements i.e. employment, education, personal or sporting

List Your hobbies, interest or involvements

## REFERENCES

List details of three business and/or work references (not relatives, not previous supervisors).

Full name:	Organization:
<input type="text"/>	<input type="text"/>

Position:	Phone:	Email:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Relationship:	Years known:
<input type="text"/>	<input type="text"/>

Full name:	Organization:
<input type="text"/>	<input type="text"/>

Position:	Phone:	Email:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Relationship:	Years known:
<input type="text"/>	<input type="text"/>

Full name:	Organization:
<input type="text"/>	<input type="text"/>

Position:	Phone:	Email:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Relationship:	Years known:
<input type="text"/>	<input type="text"/>

**LEGAL**

Have You ever been convicted of, pled guilty to or pled no contest to a crime? Yes  No

If Yes, please describe in full, provide details and dates. (Answering Yes will not necessarily bar You from employment)

**APPLICANT STATEMENT**

*I certify that all information I have provided is true, complete and correct.*

*I authorize investigation of all statements contained herein and the references 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 all parties from all liability for any damage that may result from utilization of such information.*

*I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by law.*

*I understand that this application does not constitute an offer, or a promise, or an agreement or contract for employment for any specified period or definite duration.*

*I understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in this country, and all documentation required have been completed in this regard.*

*I understand that any information provided by me is found to be false, incomplete or misrepresented in any aspect, will be sufficient cause to eliminate me from further consideration for employment, or may result in my immediate discharge from employer's service, whenever it is discovered.*

***I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.***

Applicant's Full Name:

Applicant's Signature:

Date Signed:

Please complete the Hours and Availability Information on the following page



GRB Academy  
6385 N. Towne Road  
Windsor, Wisconsin 53598  
Phone: 608-842-3327  
E-Mail: grb@grbacademy.com



## Front Desk & HitTrax Staff Availability

Name: \_\_\_\_\_

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

Please check which months you are available to work.

September	October	November	December

Please check all boxes in which you are able to work during the designated shift time.

Shift Time	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
5 – 9:30PM					

Please check all boxes in which you are able to work during the designated shift time.

Shift Time	SATURDAY	SUNDAY
8AM – 1PM		
1 – 5PM		
5 – 9:30PM		

Hours Per Week (Check one):

Less than 10 \_\_\_\_\_

10 – 20 \_\_\_\_\_

20 – 30 \_\_\_\_\_