



Gleiser Communications LLC

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE

Gleiser Communications LLC (the "Company") is an Equal Opportunity Employer. No question on this application is used for the purpose of limiting or excluding any applicant from consideration on a basis prohibited by local, state or federal law. Equal access to employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a Company representative.

DATE: _____

PERSONAL INFORMATION

NAME (LAST NAME, FIRST NAME)		SOCIAL SECURITY NO. ____ - ____ - ____	
PRESENT ADDRESS (No. & Street or Road; <u>No P.O. Boxes</u>)	CITY	STATE	ZIP CODE
PERMANENT ADDRESS (if different from above)	CITY	STATE	ZIP CODE
PHONE NO. ()	REFERRED BY:		

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> Yes <input type="checkbox"/> No	WHEN?	FOR WHAT POSITION?

EDUCATION

NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	AREAS OF STUDY/ACTIVITIES/ DEGREE(S) EARNED
ELEMENTARY SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

EMPLOYMENT HISTORY

(LIST LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST. YOU MAY ATTACH A RESUMÉ IN LIEU OF COMPLETING THIS SECTION.)

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	MONTHLY SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES

PROVIDE THE NAMES OF FOUR PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS & TELEPHONE NO.	HOW DO YOU KNOW THIS PERSON? (FORMER EMPLOYER, TEACHER, FRIEND, ETC.)	YEARS KNOWN
1			
2			
3			
4			

OTHER INFORMATION

OTHER AREAS OF STUDY OR EXPERIENCE THAT YOU BELIEVE WE SHOULD CONSIDER

OTHER AREAS OF STUDY OR EXPERIENCE THAT YOU BELIEVE WE SHOULD CONSIDER			
U.S. MILITARY OR NAVAL SERVICE	RANK	STATUS	<input type="checkbox"/> HONORABLY DISCHARED <input type="checkbox"/> RESERVE <input type="checkbox"/> OTHER (attach explanation)

AUTHORIZATION

I hereby authorize Gleiser Communications LLC and/or its agents, affiliates or representatives (the "Company") to contact all previous employers, educational institutions and references to obtain and verify the accuracy of the information contained in this application. I also hereby release and hold harmless from liability the Company and its representatives for seeking, gathering and using such information to make employment decisions. I similarly release and hold harmless from liability all other persons or organizations for providing such information.

I understand that any misrepresentations or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the Company can terminate the relationship at will, with or without cause, at any time, for any reason or for no reason, so long as there is no violation of applicable law.

I understand that it is the policy of the Company not to refuse to hire or to otherwise discriminate against a qualified individual with a disability because of that individual's need for a reasonable accommodation as required by the Americans with Disabilities Act (ADA).

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

APPLICANT SIGNATURE: _____ **DATE:** _____

APPLICANT: PLEASE DO NOT WRITE BELOW THIS LINE

1	INTERVIEWED BY:	DATE	REMARKS
2	INTERVIEWED BY:	DATE	REMARKS
3	INTERVIEWED BY:	DATE	REMARKS
APPLICATION AS A RESULT OF:		<input type="checkbox"/> UNSOLICITED WALK-IN <input type="checkbox"/> RESPONSE TO POSTED OPENING	POSITION _____ OPENING NO. _____

FILING INSTRUCTIONS	<input type="checkbox"/> OPEN APPLICATIONS	JOB OPENING FOLDER NO. _____	<input type="checkbox"/> EMPLOYEE PERSONNEL FILE
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