



GTTSi
 P.O. Box 1679
 Seneca, South Carolina 29679-1679
 Office: 864-882-3111
 Fax: 864-882-1026

Please complete all areas in full

EMPLOYMENT APPLICATION

DATE _____

PERSONAL

NAME: _____
 (Last) (First) (Middle)

PRESENT ADDRESS: _____

PERMANENT ADDRESS: _____

SOCIAL SECURITY NO: _____

PHONE: _____ MARRIED/SINGLE/SEPARATED/DIVORCED

POSITION APPLIED FOR: _____

AGE: _____ DATE OF BIRTH: _____ HEALTH _____

ARE YOU WILLING TO TRAVEL? _____ RELOCATE? _____ WORK OVERSEAS? _____

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES? _____

IF NOT, what type Visa or sponsorship? _____

EMERGENCY CONTACT INFORMATION

NAME / RELATIONSHIP / PHONE NUMBER(S) _____

In the event of a medical emergency, are there any medical conditions we should know about? _____

PROFESSIONAL LICENSES and/or CERTIFICATIONS

SRO LICENSE _____ SRO CERTIFICATION _____ DATE _____

SOP NUMBER _____

DOCKET NUMBER _____

REGISTERED PROFESSIONAL ENGINEER _____

STATE REGISTERED LICENSE NUMBER _____

OTHER PROFESSIONAL LICENSES OR CERTIFICATES _____

DRIVERS LICENSE STATE / NUMBER _____

(Attach a readable color copy of your valid driver's license or scan and send electronically).



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BUSINESS REFERENCES (please provide three)

Proof of two (2) employment references/verifications IS REQUIRED – One of the references should be from the most recent/current employer. If you do not want the current employer to be contacted, the reference may be from the employer prior to the current one. The references should be from two different companies. If you have only worked at one company, two references from the same company are acceptable. Each reference check must contain the Name and Job Title, Company Name, Phone Number and dates. The company should be a company listed on your resume or application. This person should be a direct supervisor or another manager in the department. **It cannot be an employee/co-worker-must be a direct supervisor or manager within the department**

Employment Period:	From: Mo Day Yr	To: Mo Day Yr
Employer Company Name1 :	Position Held1:	
Contact or Supervisor Name1:	Title1:	
Phone Number(s)1:		
Reason for Termination1:	Eligible for Rehire: Yes	No

Employment Period:	From: Mo Day Yr	To: Mo Day Yr
Employer Company Name2 :	Position Held2:	
Contact or Supervisor Name2:	Title2:	
Phone Number(s)2:		
Reason for Termination2:	Eligible for Rehire: Yes	No

PERSONAL REFERENCES (please provide three)

NAME	ADDRESS	PHONE
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

MILITARY SERVICE

HAVE YOU SERVED IN THE U. S. ARMED SERVICES? _____

DATE ACTIVE DUTY STARTED _____

DATE OF DISCHARGE _____ WHICH SERVICE? _____ BRANCH _____

STARTING RANK _____ DISCHARGE RANK _____ RESERVE? _____

WHAT WERE YOUR DUTIES IN THE SERVICE? _____



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GENERAL

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A MISDEMEANOR? _____ IF YES, PLEASE EXPLAIN _____ -

HAVE YOU EVER BEEN DENIED ACCESS OR HAD UNESCORTED ACCESS AUTHORIZATION TERMINATED AT ANY PLACE OF EMPLOYMENT INCLUDING A NUCLEAR POWER PLANT? _____ IF YES, PLEASE EXPLAIN _____

HAVE YOU EVER TESTED POSITIVE FOR A FITNESS FOR DUTY TEST? _____ IF YES, PLEASE EXPLAIN _____

HAVE YOU EVER BEEN TERMINATED FROM EMPLOYMENT DUE TO A FITNESS FOR DUTY REASON OR VIOLATION? _____

I HEREBY GRANT Global Technical Training Services, Inc. (GTTSi) PERMISSION TO PERFORM A BACKGROUND SCREEN ON MY BEHALF AND AGREE TO A DRUG TEST AS REQUIRED BY THE UTILITY CLIENT or GTTSi. _____ / _____

Yes or No / Signature
NO Electronic Signatures

APPLICANTS - READ BEFORE SIGNING:

To Global Technical Training Services, Inc. (GTTSi): I hereby certify that ALL my answers to the foregoing questions are true and correct to the best of my knowledge and belief. I hereby authorize GTTSi to fully investigate my work records and qualifications either before or after my employment and to facilitate such investigation I hereby authorize any person(s) having knowledge thereof to provide such information to GTTSi, and I hereby release from liability and agree to hold harmless any person who furnishes such information in good faith. I understand and agree that any misrepresentation of facts contained in this application may constitute cause for its cancellation or if employed, will constitute rightful cause for my dismissal.

Signature **Date**

NO Electronic Signatures



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Have you submitted your resumes to other recruiters/Agencies? _____
 If so, please list _____

Additional Helpful Information:

1. Please tell me a little bit about yourself (50 words or less):

2. What is your availability / when could you START work? _____
3. Have you recently (within a month) been submitted at a utility for a specific job position? _____
 If so, what position and which plant? _____
4. What do you consider your HOURLY rate? _____
5. What would be the lowest hourly rate you would consider if offered a job position? _____
6. Please list the software you have recently been using _____

INTERVIEWED BY:

 HIRE _____ HIRE DATE _____