



GALLS INCORPORATED

Corporate Headquarters
2680 Palumbo drive
Lexington, KY 40509
(859) 266-7227

Galls North
1340 Russell Cave Road
Lexington, KY 40505
(859) 266-7227

Application for Employment

- Complete electronically, or
- **PRINT** information clearly

Have you worked here before? Yes No

Dyna Med - A Division of Galls
6300 Yarrow Drive
Carlsbad, CA 92009
(760) 438-2511

Today's Date		
Mo.	Day	Yr.

<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
<input type="checkbox"/> Any Shift	<input type="checkbox"/> Day shift only
<input type="checkbox"/> Overtime	<input type="checkbox"/> Night Shift only
<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday

Equal Opportunity Employer M/F/V/D

PERSONAL

LEGAL

U.S. MIL.

EDUCATION / SKILLS

Name (Last)	First	Middle Initial	Social Security Number	Have you attained your 18th birthday?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address	City	State	Zip Code	Area Code & Phone Number ()
Give Names, Relationship, company Location of Relatives Employed by Galls or a Subsidiary of Aramark.				
Give Dates, Positions and Company Location if You Were Previously Employed by Galls or a Subsidiary of Aramark.				
Position Desired				Salary Expected
Date Available	What source referred you to us?			
	<input type="checkbox"/> Galls/Aramark Employee (Name) _____ <input type="checkbox"/> Agency <input type="checkbox"/> Radio/TV <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Walk-In <input type="checkbox"/> Job Fair <input type="checkbox"/> Internet <input type="checkbox"/> Other			

Citizenship: Completion of this section is required for employment consideration.

Can you upon employment provide proof that you are either a U.S. citizen or an alien who has the legal right to work in the job for which you are applying?
 Yes No

Branch of Military Service	Dates of Active Service	From	To
Type of Specialized Training Received			

	School	Location	Course or Major	Degree		
				Type	Yes	No
College						
High School				Diploma	GED	
				Yes	No	Yes

Craft/Trade	Certification/Licensing Type		
What foreign languages do you speak?	Read?	Write?	
Foreign countries resided in?	Typing W.P.M.		
Office Equipment Operated (e.g., Wordprocessor, P.C., etc.)			

(List most recent employer first)

DO NOT SUBSTITUTE A RESUME FOR THIS SECTION

PERSONAL

1	From:		Employer Name	Telephone Number	Starting Salary	Ending Salary
	Month	Year		()	\$	\$
			Address	Position and Duties/Title		
To:		Name of Supervisor				
Month	Year					
Reason for Leaving						

2	From:		Employer Name	Telephone Number	Starting Salary	Ending Salary
	Month	Year		()	\$	\$
			Address	Position and Duties/Title		
To:		Name of Supervisor				
Month	Year					
Reason for Leaving						

3	From:		Employer Name	Telephone Number	Starting Salary	Ending Salary
	Month	Year		()	\$	\$
			Address	Position and Duties/Title		
To:		Name of Supervisor				
Month	Year					
Reason for Leaving						

Indicate by number any of the above employers whom you do not wish us to contact at this time.

Also indicate use of any other name, if necessary for verification of education or work history.

MISCELLANEOUS

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, activities, accomplishments, etc.

Are you willing to travel? State Limitations

Do you have a valid drivers licence?
 Yes No

Issuing State

Drivers License Number

Have you ever been convicted of a felony?
 Yes No

Details of Each Felony (What, When, Where and Disposition)

AGREEMENT

(Please read carefully before signing)

I hereby certify that the information provided on this application is true and complete to the best of my knowledge and agree that false information or significant omissions may disqualify me from further consideration for employment and may be considered as justification for termination if discovered at a later date.

I agree that my employment can be terminated at any time for any reason by either Galls or myself and that only an agreement in writing signed by a Galls executive officer can modify this agreement.

I authorize you to make such investigations and inquiries of my personal, employment, financial and other related matters as they may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application. I also understand that employment is subject to my:

- undergoing a drug and alcohol screening, administered by a Galls administrator.
- completing other post-employment records and forms, if applicable.
- providing documents which satisfy the requirements of the Immigration Reform & Control Act of 1986.
- submitting to a background check from the city/county of which I reside.

Signature of Applicant

Date

Self-Identification Form For Applicant Flow Data



GALLS INCORPORATED

It is the policy of GALLS INCORPORATED to provide equal employment opportunity to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability or disabled or Vietnam-Era veterans status. the completion of this form is voluntary on your part.

VARIOUS AGENCIES OF THE UNITED STATES GOVERNMENT REQUIRE EMPLOYERS TO COLLECT INFORMATION ON APPLICANTS. INFORMATION REQUESTED ON THIS SHEET IS FOR PURPOSED OF COMPLIANCE WITH THESE RECORDKEEPING REQUIREMENTS AND TO DETERMINE RECRUITING AND EMPLOYMENT PATTERNS. If you wish to be identified, please provide any of the information requested on this form that you would like to submit. You may submit this information now or at any time in the future. Such information will in no way affect the decision regarding your application for employment. This sheet will be kept confidential and maintained separately from your application form.

Name (Last)	First	Middle Initial	Social Security Number
Today's Date	Position Applied For		
Gender			
<input type="checkbox"/> Male <input type="checkbox"/> Female			
Race			
<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native			

Signature