



Employment Application
An Equal Opportunity Employer

GTM Wholesale Liquidators, Inc. is an equal opportunity employer and does not discriminate against otherwise qualified applicants on any basis that is protected under Federal, State, or local law. If you require a reasonable accommodation to participate in the recruitment process, including completing this application, please contact: Jannete Nava-Espinoza, HR Generalist, at (619) 596-7486 ext. 102 or email jespinoza@gtmstores.com

General Information

Please Print

Date Last Name First Name M.I.

Current Street Address

City State Zip Code

Permanent Address (if different from current address)

(_____) _____ - _____ (_____) _____ - _____ _____
Cell Phone Home Phone Email

Employment Desired

Position applying for: _____

Availability

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

General Information

How did you hear about GTM Wholesale Liquidators, Inc. and this job opening? _____

Have you ever applied to or worked for GTM Wholesale Liquidators, Inc. before? Yes No
 If yes, when? _____

Do you have any friends or relatives working for GTM Wholesale Liquidators, Inc.? Yes No

If yes, state name(s) and relationship:

Name	Relationship
Name	Relationship

We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety, or morale, or if doing so could create conflicts of interest.

If hired, would you have reliable means of transportation to and from work? Yes No

Are you at least 18 years old? Yes No
 (If under 18, hire is subject to verification that you are of minimum legal age.)

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, skill and agility tests.)

Education, Training, and Experience

School Type	School Name/Address	Years Completed	Did You Graduate?	Diploma/Degree Earned
High School				
College				
Graduate School				
Vocational				
Healthcare Training				

Employment History

List below all present and past employment (last five years is sufficient) starting with your most recent employer. Account for all periods of unemployment. *You must complete this section even if attaching a resume.*

Employer Name/Address	Phone#:
Type of Business:	Job Title:
Dates of Employment (month/year): _____ to _____	
Primary Duties:	Supervisor/Title
Reason for Leaving:	Call for reference? Y N

Employer Name/Address	Phone#:
Type of Business:	Job Title:
Dates of Employment (month/year): _____ to _____	
Primary Duties:	Supervisor/Title
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Employer Name/Address	Phone#:
Type of Business:	Job Title:
Dates of Employment (month/year): _____ to _____	
Primary Duties:	Supervisor/Title
Reason for Leaving:	Call for reference? Y N

References

List three persons below who are not related to you and have knowledge of your work performance within the last three years.

_____	_____	_____	_____
First Name	Last Name	Telephone No.	Email Address
_____		_____	
Occupation			Number of Years Acquainted

_____	_____	_____	_____
First Name	Last Name	Telephone No.	Email Address
_____		_____	
Occupation			Number of Years Acquainted

_____	_____	_____	_____
First Name	Last Name	Telephone No.	Email Address
_____		_____	
Occupation			Number of Years Acquainted

