



**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 Espinoza, HR Generalist, at (619) 596-7486, [jespinoza@gtmstores.com](mailto: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)

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_                      (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_                      \_\_\_\_\_ 200  
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
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
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

**Required**

*Please Read Carefully, Initial Each Paragraph and Sign Below:*

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment, and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that my omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize GTM Wholesale Liquidators, Inc to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself for the Company, and that no promises representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the Company's designated representative.

\_\_\_\_\_ In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

**This application will be considered active for a maximum of sixty (60) days. If you wish to be considered for employment after that time, you must reapply.**

\_\_\_\_\_

Date    Applicant's Signature

If the applicant is a minor, the foregoing release and consent must be signed by the applicant's parent or legal guardian. Signature by the applicant's parent or legal guardian constitutes acknowledgement by the applicant and

the parent or legal guardian that GTM Wholesale Liquidators, Inc., to the extent permitted by federal, state, and local law, can test the applicant for illegal or controlled substances, conduct inspections of property without notice, and communicate test results to GTM Wholesale Liquidators, Inc. personnel who need to know, and to the applicant and the applicant's legal guardian.

\_\_\_\_\_

Parent/Legal Guardian Signature                          Print Name    Date

\_\_\_\_\_

Witness Signature    Print Name    Date