



Group Benefit Services (GBS)
Plaza Towers Building
1736 East Sunshine, Suite #200
Springfield, MO 65804

www.gbs-tpa.com

APPLICATION FOR EMPLOYMENT

Position Desired: \_\_\_\_\_ [ ] Part Time [ ] Full Time Date: \_\_\_\_\_

Name: \_\_\_\_\_
(Print) Last First Middle

Present Address: \_\_\_\_\_ How long have you lived there? \_\_\_\_\_
Street and Number City Sate Years Months

Previous Address: \_\_\_\_\_ How long did you live there? \_\_\_\_\_
Street and Number City Sate Years Months

Have you ever worked for this company before? [ ] Yes [ ] No
If yes, please give dates and position(s) held? \_\_\_\_\_

Have you ever pled guilty or "no contest" to, or been convicted of a serious misdemeanor or felony (convictions for marijuana-related offenses that are more than two years old need not be listed). [ ] Yes [ ] No
If yes, please give the date(s) and details:

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Have you been arrested for any matters for which you currently are out on bail or on your own recognizance pending trial? [ ] Yes [ ] No
If yes, please give the date(s) and details:

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

*Note: Answering “Yes” to these questions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of violation, and rehabilitation will be taken into account. In answering these questions, do not include the following: 1) minor traffic infraction, 2) convictions for which the record has been sealed or expunged, 3) referrals to or participation in any diversion program, or 4) marijuana-related offenses that occurred over two years ago.*

**Record of Previous Employment**

Please list the names of your present and previous employers in chronological order with the present, or most recent, employer first. Be sure to account for all periods of time including military service and any periods of unemployment. If self-employed, give the name of the firm or business and supply business references. Use additional pages if needed.

Present or Most Recent Employer	Employed	Pay	Position or Title	Reason for Leaving
_____ (Name of company or firm)	_____	_____	_____	_____
_____ (Address)	From: (mo/yr)	\$ _____ (Start)	(most recent position or title)	_____
_____ (City, State, Zip Code)	_____	_____	(Name and Title of last supervisor)	_____
_____ (Area code and Telephone)	To: (mo/yr)	\$ _____ (Final)	_____	_____

Previous Employer	Employed	Pay	Position or Title	Reason for Leaving
_____ (Name of company or firm)	_____	_____	_____	_____
_____ (Address)	From: (mo/yr)	\$ _____ (Start)	(most recent position or title)	_____
_____ (City, State, Zip Code)	_____	_____	(Name and Title of last supervisor)	_____
_____ (Area code and Telephone)	To: (mo/yr)	\$ _____ (Final)	_____	_____

Previous Employer	Employed	Pay	Position or Title	Reason for Leaving
_____ (Name of company or firm)	_____ From: (mo/yr)	_____ \$ _____ (Start)	_____ (most recent position or title)	_____ _____ _____ _____ _____
_____ (Address)	_____ To: (mo/yr)	_____ \$ _____ (Final)	_____ (Name and Title of last supervisor)	_____ _____ _____ _____ _____
_____ (City, State, Zip Code)				
_____ (Area code and Telephone)				

Previous Employer	Employed	Pay	Position or Title	Reason for Leaving
_____ (Name of company or firm)	_____ From: (mo/yr)	_____ \$ _____ (Start)	_____ (most recent position or title)	_____ _____ _____ _____ _____
_____ (Address)	_____ To: (mo/yr)	_____ \$ _____ (Final)	_____ (Name and Title of last supervisor)	_____ _____ _____ _____ _____
_____ (City, State, Zip Code)				
_____ (Area code and Telephone)				

Previous Employer	Employed	Pay	Position or Title	Reason for Leaving
_____ (Name of company or firm)	_____ From: (mo/yr)	_____ \$ _____ (Start)	_____ (most recent position or title)	_____ _____ _____ _____ _____
_____ (Address)	_____ To: (mo/yr)	_____ \$ _____ (Final)	_____ (Name and Title of last supervisor)	_____ _____ _____ _____ _____
_____ (City, State, Zip Code)				
_____ (Area code and Telephone)				

Have you ever used another name?  Yes  No

If so, what other names?

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Is any additional information relative to any change of name, used f an assumed name, or nickname necessary to enable a check on your work and education records?  Yes  No

If yes, please explain:

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If hired, can you provide proof that you are authorized to work in the United States on an unrestricted basis?

Yes  No

If hired, can you provide proof that you are over 18 years of age?  Yes  No

Are you capable of satisfactorily performing the essential job duties of the position, with or without reasonable accommodation, for which you are applying? (Please review the attach job description)

Yes  No

Do you have adequate transportation to and from work?  Yes  No

### Education

School Name	Years Completed (circle one)	Diploma or Degree	Describe Course of Study or Major	Described Specialized Training, Experience, Skills and Extra-Curricular Activities
<b>Elementary:</b>	4 5 6 7 8			
<b>High School:</b>	9 10 11 12			
<b>College:</b>	1 2 3 4			
<b>Graduate/Professional:</b>	1 2 3 4			
<b>Trade/Correspondence:</b>				
<b>Other:</b>				

**Personal Reference**

Please list at least three (3) persons who know you well – *not* previous employers or relatives

Name	Occupation	Address (Street, City, and State)	Telephone Number	Years Known

**Additional knowledge, skills, and/or abilities that you may think are important for the job to which you are applying.**

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**I certify that all of the information that I have provided on this application is true and accurate.**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

**Application can be faxed to: (417) 883-8261 (or)**

**You can E-mail this completed form to: [KimA@gbsitpa.com](mailto:KimA@gbsitpa.com)**

## **Applicant's Statement & Agreement**

Work Rules. In the event of my employment with Group Benefit Services, Inc. (GBS), I agree to comply with all rules and regulations of GBS.

Drug/Alcohol Test. I understand that GBS reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment to the extent permitted by law.

Medical Examination. I understand that any offer of employment may be contingent upon the passing of a physical examination. I consent to the disclosure of the results of any physical examination or related tests to GBS. I understand that should I decline to sign this consent or decline to take any of the above described tests, my application for employment may be rejected or my employment may be terminated.

Background Investigation. I understand that GBS's consideration of my application includes an investigation of the information I have provided on this application and other relevant information such as my driving record and criminal record, if any. I understand that should I decline to consent to such an investigation, my application for employment may be rejected or my employment may be terminated.<sup>1</sup>

Bond. I understand that bonding may be a condition of my employment. If it is, I will be so advised either before or after hire and a bond application will have to be completed.

Arbitration Agreement. I understand that as a condition of employment, I will be asked to sign an arbitration agreement. I understand that should I decline to sign an arbitration agreement, my application for employment may be rejected or my employment may be terminated.<sup>2</sup>

At Will Employment. If hired, I further agree as follows: My employment and compensation are terminable at will, are for no definite period, and my employment and compensation may be terminated by GBS (employer) at any time and for any reason whatsoever, with or without cause at the option of either GBS or myself. No implied, oral or written agreements contrary to the express language of this agreement are valid unless they are in writing and signed by the President of the Company [or major owner or owners if GBS is not a corporation]. This agreement takes the place of all prior and contemporaneous agreements, representations, and understandings between me and GBS.

Notwithstanding the foregoing, the terms of any collective bargaining agreement will apply to any applicant hired to work in a position subject to a collective bargaining agreement.

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<sup>1</sup> This clause does not satisfy an employer's obligation under FCRA to obtain an applicant's consent to a background investigation. Please consult with counsel regarding the appropriate consent procedures.

<sup>2</sup> This clause should not be included unless the Company has an arbitration policy in place. Any arbitration policy should be implemented only after consulting with counsel.

I hereby certify that all the information that I have provided on this application or any other document filled out in connection with my employment, and in any information that I have provided during any interview is true and correct. I have withheld nothing that would, if disclosed, effect this application unfavorably. I understand that if I am employed and any such information is later found to be false or incomplete in any respect, I may be dismissed.

If you have any questions regarding this agreement, please ask a Company representative before signing.

*I hereby acknowledge that I have read the above statements and agreements and understand the same.*

MY SIGNATURE BELOW ATTEST TO THE FACT THAT I HAVE READ, UNDERSTAND, AND AGREE TO BE LEGALLY BOUND BY ALL THE ABOVE TERMS.

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Signature of Applicant

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Date