



Now Hiring- Tri County Areas

Custodian, Maintenance and Grounds Positions Available

Please call 248-588-1555 for job inquiry or come to the address below to fill out an application.

Address:
439 Elmwood Dr.
Troy, MI 48083

Office Hours are Monday - Friday from 9 a.m. to 4 p.m.

OR
Fax Resume to: 248-588-0990
E-mail Resume to: gcaemploy@yahoo.com





FOR OFFICIAL USE ONLY				
Authorized Signature	Date	Co/Div	Site	Status/Salary

**HOURLY EMPLOYMENT
APPLICATION- Multistate**

GENERAL INSTRUCTIONS

1. Complete the application in it's entirety with black or blue ink.
2. Specify the position for which you are applying.
3. Sign and date application where indicated. All provided information is subject to verification.
4. Submit the application to the location where the position is located.

POSITION APPLIED FOR

Location Address _____

Position _____

Referral Source _____

Date Available _____

Days / Hours Available _____

Full Time or Part Time _____

Area(s) of town in which you can work _____

CONTACT INFORMATION

Your Name _____

Social Security Number _____

Mailing Address _____

City, State, Zip Code _____

Home Phone Number _____ Alternate Phone Number _____

E-mail Address*: _____

***Note: By providing your e-mail address, you consent to GCA Services Group sending you communications regarding your employment and the results of your criminal background check to you via e-mail. Such a background check will not be conducted without your separate authorization.**

Are you age 18 or older? Yes No Upon hire, can you show proper documentation that you are legally authorized to accept employment in this country? Yes No

Have you ever worked for GCA Services Group Inc. or any of its previous or existing subsidiaries or affiliates before? Yes No

Dates: _____ No

EDUCATION

HIGH SCHOOL

Name / Location of School: _____ Received: Diploma Other (Specify) _____ None

Your name, if different while attending high school: _____

Job-Related Training or Coursework (Vocational, Trade, Business, etc.)

Name of School	City, State	Number of Years and Months Attended		Course of Study	Completed?	
					Yes	No

BACKGROUND INFORMATION

Have you ever been convicted of any felonies and/or misdemeanors? Yes No

If "yes", what charges? _____
Where convicted? _____ Date of Conviction? _____

Have you ever pled "guilty" to a crime, which is a felony or misdemeanor? Yes No

If "yes", what charges? _____
Where? _____ Date of Conviction? _____

***Note:** Applicants in the State of Massachusetts and the City of Philadelphia, Pennsylvania do NOT need to complete this section.

Applicants in the States of Colorado, Connecticut, Delaware, Illinois, Maryland, New Hampshire, and Texas are not required to disclose convictions that have been sealed, expunged, erased, annulled, or pardoned under applicable state law.

California applicants are not obligated to disclose (1) a marijuana-related conviction that occurred more than two years ago; (2) an offense for which you were referred to, and participated in, any pretrial or post-trial diversion program; (3) an offense for which the conviction record has been sealed, expunged, or statutorily eradicated; or (4) misdemeanor convictions for which probation has been successfully completed or discharged and that have been judicially dismissed.

New York applicants are not obligated to disclose any criminal proceeding that terminated in a "youthful offender adjudication" as defined in Section 720.35 of the New York Criminal Procedure Law or a conviction that has been sealed under Sections 160.55 or 160.58 of the New York Criminal Procedure Law.

Ohio applicants are not obligated to disclose any convictions that have been sealed or firearms convictions that have been expunged under Ohio Revised Code § 2953.33.

Oregon applicants are not obligated to disclose any expunged juvenile crimes.

Applicants in the State of Washington need to disclose only those crimes for which the conviction or release from prison occurred within the last ten years.

Applicants in the City of Madison, Wisconsin do not need to disclose any convictions for crimes that occurred more than three years since you were placed on probation, paroled, released from incarceration, or paid a fine for the offense.

A "yes" answer will not automatically bar you from employment. The job-relatedness, nature, severity and date of the offense in relation to the position for which you are applying are considered. Review and consideration of such offenses will be conducted in accordance with all applicable federal and state law.

EMPLOYMENT HISTORY

1. Name of Present or Most Recent Employer: _____
 Address: _____ Phone Number: _____
 Position: _____ Supervisor's Name and Title: _____
 From: ____/____/____ to ____/____/____ May we contact him/her? Yes No
month day year month day year
 Hourly Wage: _____ Reason for Leaving: _____

2. Name of Next Previous Employer: _____
 Address: _____ Phone Number: _____
 Position: _____ Supervisor's Name and Title: _____
 From: ____/____/____ to ____/____/____ May we contact him/her? Yes No
month day year month day year
 Hourly Wage: _____ Reason for Leaving: _____

3. Name of Next Previous Employer: _____
 Address: _____ Phone Number: _____
 Position: _____ Supervisor's Name and Title: _____
 From: ____/____/____ to ____/____/____ May we contact him/her? Yes No
month day year month day year
 Hourly Wage: _____ Reason for Leaving: _____

REFERENCES

Please list two non-family personal references.

Name	Personal Relationship	Telephone Number	Years of Acquaintance
Name	Personal Relationship	Telephone Number	Years of Acquaintance

APPLICANT'S STATEMENT

I understand that the employer follows and "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with the applicable state or federal law. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand that the employer may thoroughly investigate and verify all data given on this application. I understand that GCA may conduct a criminal background check and require me to take a drug test. I authorize all individuals named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

If I am hired by GCA, I authorize GCA or its representatives, for the duration of my employment, to provide the results of any background check or "Consumer Report" obtained under the Fair Credit Reporting Act (FCRA) to any third party entity requesting such information for whom GCA is providing services where I am employed.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Your Signature: _____

EQUAL EMPLOYMENT OPPORTUNITY SURVEY

CONFIDENTIAL INFORMATION

Government agencies require periodic reports on the sex, ethnicity, disability and veteran status of applicants. Completion of this data is voluntary and will not affect your opportunity for employment, or terms or conditions of employment, if hired. Identification can be declared at any time prior to, or if applicable, after hire. Please return this page with your application.

Check one:

- Male Female

Check one of the following Race/Ethnic Groups:

- American Indian or Alaskan Native – A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Island, Thailand and Vietnam.
- Black or African American – A person having origins in any of the Black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black or African American”.
- Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- White (Caucasian) – A person having origins in any of the original peoples of Europe, North Africa or the Middle East.
- Hispanic or Latino (All races) – A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- Race missing or unknown – Applies to applicants only, where a resume or application that is screened is received without any racial or ethnic identification and no further contact is made with the applicant.

Please check one if it describes your veteran status:

- SPECIAL DISABLED VETERAN:** Means (A) a veteran who is entitled to compensation (or who, but for the receipt of military retired pay, would be entitled to compensation) under laws administered by the Department of Veteran Affairs for a disability rated at 10 or 20 percent in the case of a veteran who has been determined to have a serious employment disability or (B) a person who was discharged or released from active duty because of a service-connected disability.
- VIETNAM ERA VETERAN:** Means a veteran, any part of whose active military, naval or air service was during the period August 5, 1964 through May 7, 1975 who (A) served on a active duty for a period of more than 180 days and was discharged or released there from with other than dishonorable discharge, or (B) was discharged or released from active duty because of a service-connected disability. No veteran can be considered to be a veteran of the Vietnam era under this paragraph after December 31, 1994.

Personal and Confidential

This page contains sensitive information, store in secure "EEO" files separately from personnel records!

Fingerprinting Information Sheet

This form must be completed and brought to your fingerprinting appointment.

EMPLOYEE INFORMATION

(This section is to be completed by individual to be fingerprinted. PLEASE PRINT.)

Last Name: _____ First Name: _____ Middle Initial: _____

Sex: _____ Race: _____ Eye Color: _____ Hair Color: _____

Height: _____ Weight: _____ Date of Birth: _____
Year xxxx Month xx Day xx

Place of Birth (State or Country):

Home Address:

City _____ State _____ Zip _____

County of Residence:

Reason for Printing: SE

Agency ID #: 72408J (must be included to be able to proceed with fingerprinting appointment)

Name of requesting agency:
GCA SERVICES GROUP, INC. / BIRMINGHAM SCHOOLS

What is your role with the requesting agency?

New hire Substitute Vendor/Contracted Services Other _____

Signature: _____ Date: _____

Note: Please bring the following with you to your fingerprinting appointment: valid Driver's License or other valid form of identification (Michigan Identification Card, Passport, Military Identification, or Green Card (photo identification), and your completed fingerprinting information sheet.

In addition, you will be responsible for payment of fingerprinting costs at the time of the appointment. Fingerprinting costs are payable by cash, cashier's check, or money order (cashier's checks or money orders should be made payable to Oakland Schools). February 1, 2007 we will accept Visa/Master Card credit cards. Personal checks will NOT be accepted. You will be provided with a receipt for your payment.

ISD Use Only
Printed by: _____
Date: _____



GCA Services Group, Inc.®

**AUTHORIZATION TO DRAFT PAYCHECK
FOR
MICHIGAN CRIMINAL RECORDS CHECK**

This statement is an understanding that \$60.00 will be drawn out of your first paycheck. If you have any questions with this, please contact District Manager Patrick McDonough at 248-588-1555.

EMPLOYEE:

Printed Name: _____

(last)

(first)

(middle)

Signature: _____ Today's Date: _____

SUPERVISOR:

Printed Name: _____

(last)

(first)

(middle)

Signature: _____ Today's Date: _____

GCA SERVICES GROUP, INC

TO: GCA SERVICES GROUP, INC
FAX: 713-244-9011
TELE: 713-244-2422

FROM: Judi Bagwell
GCA SERVICES GROUP, INC

B.U. _____

AUTHORIZATION AND RELEASE/WAIVER OF INFORMATION AGREEMENT

PLEASE PRINT CLEARLY IN BLACK INK PLEASE VERIFY THAT ALL INFORMATION IS CORRECT!

Applicant Name: First _____ Middle/Paternal _____ Last/Maternal _____		
Social Security Number: _____		
Driver License _____	State _____	Date of Birth: _____

RESIDENCES FOR PREVIOUS SEVEN YEARS (Starting with current)

Address: _____	How Long? _____
STREET APT CITY STATE ZIP	
Address: _____	How Long? _____
STREET APT CITY STATE ZIP	
Address: _____	How Long? _____
STREET APT CITY STATE ZIP	

- In connection with my employment/application for employment with GCA SERVICES GROUP, INC, I fully understand this release acknowledges that GCA SERVICES GROUP, INC and/or LIBERTY SCREENING SERVICES, LTD, may now, or at any time while I am employed, conduct a public record(s)/research report containing information for verification of prior employment (including names and dates of previous employers, reason for termination of employment, work experience, accidents, etc.), academic achievement, financial history, use of a motor vehicle and driving record, worker's compensation claims, credit, bankruptcy proceedings, criminal records, general background and personal character, from federal, state and other agencies which maintain such records; as well as information from Liberty concerning previous driving record requested made by others from such state agencies, and state provided driving records.

- All background information obtained shall be utilized to assist in verification of the employment application and post job offer medical inquiry. Retrieval and usage of this information complies with the Equal Opportunity Commission, Americans With Disabilities Act and the Fair Credit Reporting Act (Laws, Rules and Regulations), as amended 9/30/97. GCA SERVICES GROUP, INC is an Equal Opportunity Employer and does not discriminate as to race, color, gender, national or religious origin, age or Americans with disabilities. I hereby declare that the answers to the questions of my application and related paperwork which I have been asked to complete, and any attachments to same, are true and correct and that any misstatements of fact(s) or omission(s) may form the basis for rejection of my application, or for my dismissal after employment.

- I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY LIBERTY SCREENING SERVICES, LTD, TO FURNISH THE ABOVE MENTIONED INFORMATION. I AUTHORIZE A PHOTOSTAT (OR FACSIMILE "FAX") OF THIS RELEASE TO BE CONSIDERED AS EFFECTIVE AS THE ORIGINAL. ALL RESULTS WILL BE PROPRIETARY AND HELD CONFIDENTIAL AND WILL NOT BE PROVIDED TO ANY PARTIES OTHER THAN GCA SERVICES GROUP, INC OR ITS LEGAL REPRESENTATIVES. I VOLUNTARILY WAIVE ALL RECOURSE AND RELEASE THE REQUESTED PARTIES FROM LIABILITY FOR COMPLYING WITH THE REQUEST/RELEASE. I AUTHORIZE LIBERTY SCREENING SERVICES, LTD, TO PROVIDE THE RESULTS OF SAID INFORMATION TO GCA SERVICES GROUP, INC OR ITS REPRESENTATIVE(S). I FURTHER RELEASE GCA SERVICES GROUP, INC AND LIBERTY, AS WELL AS THEIR REPRESENTATIVES; OFFICERS, EMPLOYEES AND AGENTS, FROM ANY AND ALL LIABILITY FROM THE RESULTS AND PREPARATION OF ANY REPORTS CONCERNING MYSELF OR MY BACKGROUND. THE FACTS SET FORTH BY ME IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

- I have the right to make a request to Liberty, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which Liberty has previously furnished within the two-year period preceding my request. I hereby consent to your obtaining the above information from Liberty, and I agree that such information which Liberty obtains, and my employment history with you if I am hired, will be supplied by Liberty to other companies which subscribed to Liberty. I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

Signature: _____

Date: _____