



Employment Application

Applicant Information

Full Name: _____ Date: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Phone Number: _____ Email Address: _____
Social Security Number: _____ (for background check) Date of Birth: _____

Position Applied For

Please indicate the position you are applying for:

- ☐ Funeral Director – Licensed () | Apprentice ()
☐ Embalmer - Licensed () | Apprentice ()
☐ Funeral Attendant
☐ Hearse Driver
☐ Administrative Support
☐ Other: _____

Desired Salary: _____ Available Start Date: _____

Availability

Full-time ☐ Part-time ☐ Shift Preference: ☐ Days ☐ Evenings ☐ Weekends ☐ On-call

Do you have any experience in the funeral industry? ☐ Yes ☐ No

If yes, please provide a brief description: _____

Do you have any relevant certifications or licenses? ☐ Yes ☐ No

If yes, please specify: _____ | License# _____ State _____

Are you willing to work evenings, weekends, and holidays? ☐ Yes ☐ No

Are you a citizen of the United States? ☐ Yes ☐ No If no, are you authorized to work in the U.S.? ☐ Yes ☐ No

Do you have a valid driver's license? ☐ Yes ☐ No License Number: _____

Have you ever served in the military? ☐ Yes ☐ No

If yes, please provide Branch: _____ From: _____ To: _____
Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____



Have you ever been convicted of, or pled guilty/no contest to, a crime? (Do not include arrests or charges that did not result in conviction. Convictions will not automatically disqualify you from employment. Factors such as the nature of the offense, the time elapsed, and its relevance to the position will be considered in accordance with applicable law.)

☐ Yes ☐ No If yes, please explain: _____

Employment History

Please list your last three (3) employers, beginning with the most recent.

1. Employer Name: _____ Address: _____
Phone Number: _____ Job Title: _____
Dates of Employment: From _____ To _____
Supervisor's Name: _____ Telephone: _____ Email: _____
Responsibilities: _____ Reason for Leaving: _____

2. Employer Name: _____ Address: _____
Phone Number: _____ Job Title: _____
Dates of Employment: From _____ To _____
Supervisor's Name: _____ Telephone: _____ Email: _____
Responsibilities: _____ Reason for Leaving: _____

3. Employer Name: _____ Address: _____
Phone Number: _____ Job Title: _____
Dates of Employment: From _____ To _____
Supervisor's Name: _____ Telephone: _____ Email: _____
Responsibilities: _____ Reason for Leaving: _____

Have you ever worked for Gregory B. Levett & Sons Funeral Homes & Crematory Services?

☐ Yes ☐ No If yes, please explain: _____

Education

Please list your educational background, including any degrees or certifications related to the funeral services industry.

School Name: _____ Location: _____
Degree/Certification: _____

College or Other Post-Secondary Education:

Institution Name: _____ Location: _____
Degree/Certification: _____



Professional Training or Certifications

Please list any relevant training, certifications, or licenses related to funeral services: _____

Skills and Qualifications

Please describe any skills or qualifications you have that would be relevant to working at a funeral home:

Why Are You Interested in Working for Gregory B. Levett & Sons Funeral Homes? _____

References

Please provide at least two professional references.

1. Name: _____

Relationship: _____

Phone Number: _____

Email Address: _____

2. Name: _____

Relationship: _____

Phone Number: _____

Email Address: _____

Acknowledgment of Consent and Authorization

By signing below, I authorize and hereby give my written consent for Gregory B. Levett & Sons Funeral Homes to request and review background information from third-party consumer reporting agencies, which includes, but may not be limited to:

1. **Conduct a background check.** This includes, but is not limited to, checking criminal history, driving record, and credit history (if applicable).
2. **Contact previous employers** listed above to verify employment history and gather information regarding my qualifications.
3. **Contact references** provided to verify information and assess my suitability for the position.

By signing below, I, _____ [Applicant's Full Name], further understand that:

1. The background check may include criminal records, driving history, employment verification, credit reports, and other public records.



2. Gregory B. Levett & Sons Funeral Homes will comply with applicable federal, state, and local laws regarding background checks.
3. I am entitled to a copy of the background report upon request from the reporting agency, and I have the right to dispute any inaccurate or incomplete information.
4. A decision to hire may be impacted by the findings of the background check, but Gregory B. Levett & Sons Funeral Homes will not discriminate based on criminal history unless it directly impacts my ability to perform the duties required by the position.
5. Gregory B. Levett & Sons Funeral Homes will not initiate the background check until after the initial interview or conditional offer, if required by law.
6. Gregory B. Levett & Sons Funeral Homes is an Equal Opportunity Employer. Employment decisions are made without regard to race, color, creed, religion, sex (including pregnancy, sexual orientation, or gender identity), age, national origin, ancestry, disability (physical or mental), genetic information, veteran status, or any other status protected by applicable federal, state, or local law. All qualified applicants will receive consideration for employment based on merit, qualifications, and business needs.

Acknowledgment of Consent and Authorization Signature

I certify that the information provided in this application is true and complete to the best of my knowledge. I authorize the investigation of all statements contained in this employment application, and I understand that misrepresentation or omission of facts may result in disqualification from employment or, if employed, termination. I further understand that submitting this application does not guarantee employment.

I acknowledge that I have read and understood the above consent and authorization.

Applicant's Signature: _____

Date: _____

For Internal GBL Funeral Homes HR Office Use Only

Date of Interview: _____

Interviewer(s) Name: _____

Decision: ☐ Hired ☐ Not Hired ☐ Pending

Start Date: _____

Offer Letter Sent: _____