



EMPLOYMENT APPLICATION

Please Fax Back to: 813-891-6240

Our Company is an equal opportunity employer and will consider all applicants for all positions equally without regard to the race, sex, age, color, religion, national origin, veteran status or any disability, which is not job-related. This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered.

Personal:

Name _____ Home Phone(_____) _____

Present Address _____

Social Security # _____ - _____ - _____ Are you over 18? **Yes** **No**

Are you a citizen of the U.S. or do you have the legal right to be employed in the United States? **Yes** **No**

Have you ever been convicted of any crime (including minor traffic violations) including DUI? **Yes** **No**

If **Yes**, state the offense, location, date and disposition _____

(NOTE: A conviction will not necessarily disqualify you from employment)

Do you have any obligations or other reasons, which would limit your ability to travel or work overtime? **Yes** **No**

If **Yes**, please explain _____

Would you be willing and able to relocate? _____ **Yes / No**

Driver License State _____ Type _____ Currently Valid? _____

Employment Desired:

Are you seeking: ___ **Full-time** ___ **Part-time** ___ **Temporary** ___ **Summer Employment?**

Position Applied for _____ Salary Desired \$ _____

Date available to start _____

Have you ever applied to our Company before? _____ **Yes / No**

Have you ever worked for our Company before? _____ **Yes / No**

If your answer to either of the above questions is **Yes**, state when and where you applied and/or worked

How did you learn of our Company and/or position? _____

Are you now, or do you expect to be working in any other business or job? _____ **Yes / No**

Are there any days or hours you would be unable or willing to work? _____ **Yes / No**

If **Yes**, please specify those days or hours you would be unable or unwilling to work _____

In Case of Emergency Call: _____

<u>Name Address and Location Dates</u>	<u>Did you</u>	<u>Graduate?</u>	<u>Courses Studied</u>
High School	Yes	No	Diploma
College	From To	Yes No	Diploma
Trade School	From To	Yes No	Diploma

If you did not graduate, why did you leave high school or college?

List or describe any other school or Specialized Training _____

Military:

Have you ever served in the military? _____ **Yes / No**

Service Branch _____ Date Entered _____

Date Separated _____ Final Rank _____

Are you a member of a reserve Organization? _____ **Yes / No**

Capability/Reliability:

Is there any reason you would be unable or unwilling to perform any of the tasks required by the job you are applying for? _____ **Yes / No**

If **Yes**, explain which tasks _____

Have you ever filed any type of fraudulent claim against any of your present or past employers? _____ **Yes / No**

If **Yes**, please explain _____

Will you abide by the safety rules of this Company? _____ **Yes / No**

Have you ever been disciplined for violating company safety rules or regulations? _____ **Yes / No**

If **Yes**, explain _____

How many days of work (or school) have you missed in the last two years? _____

Reason _____

Is there any reason why you would be unable or unwilling to report to work on time every day on a regular and consistent basis? _____ **Yes / No**

If **Yes**, please explain why _____

Work History:

List names of employers in consecutive order with present or last employer listed first. Account for a period of time in military service and any periods of unemployment. If self-employed give firm name, supply business references.

PLEASE GIVE MONTH AND YEAR

DO NOT REFERENCE YOUR RESUME

Name of Employer _____

Address _____

City, State, Zip Code _____

Telephone (____) _____ Title _____

Nature of Business _____

Duites _____

Name and Title of Last Supervisor _____

Date Employed From - Month _____ Year _____ To _____ Month _____ Year _____

Pay: Starting\$ _____ Ending\$ _____

Reason for Leaving _____

Name of Employer _____

Address _____

City, State, Zip Code _____

Telephone (____) _____ Title _____

Nature of Business _____

Duites _____

Name and Title of Last Supervisor _____

Date Employed From - Month: _____ Year: _____ To _____ Month: _____ Year: _____

Pay: Starting\$ _____ Ending\$ _____

Reason for Leaving _____

Affidavit

I certify that my answers to the foregoing questions are true and correct without any consequential omissions of any kind whatsoever. I understand that if I am employed, any false, misleading or otherwise incorrect statements made of this application form or during any interviews may be grounds for my immediate discharge.

I hereby authorize the Company to contact any Company or individual it deems appropriate to investigate my employment history, character and qualifications and I give my full and complete consent to their revealing any and all information they wish as a result of this investigation. In addition, I hereby waive my right to bring any cause of action against these individuals for defamation, invasion of privacy or any other reason because of their statements.

I agree that, if I am employed, I will abide by all the rules and regulations of the Company. I understand that the taking of drug and alcohol tests, when given pursuant to Company policy, are a condition of continued employment and refusal to take such tests when asked will be grounds for my immediate termination. I further understand that nobody in the Company is authorized to enter into any written or verbal employment contracts with me for any definite period of time without the express written consent of the President of the Company. I also understand that my employment is "at-will" and may be terminated by myself or by the Company at anytime for any reason or no reason at all, with or without prior notice.

Signature: _____