



EMPLOYMENT APPLICATION

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status. Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Last Name:		First Name:		Middle Initial:
Address:		City:	State:	Zip:
How Long?	Previous Address:			
Home Phone Number:	Cell Phone Number:	Social Security Number:		
Position(s) Applied For:		Expected Salary/Hourly Rate:		
Next of Kin/Phone Number:	Email Address:		Date of Application:	

How did you hear of us? _____

Do you have a valid Florida Driver's License? Yes No

Have you ever filled out an application with us before? Yes No, if yes give date _____

Have you ever been employed with us before? Yes No, if yes give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Per Day

Are you currently on "Layoff" status and subject to recall? Yes No

Are you prevented from lawfully becoming employment in this country because of visa or immigration status?
 Yes No, Proof of citizenship or status will be required upon employment.

Are you capable of performing in a reasonable manner the activities involved in the job or occupations for which you have applied? Yes No

Have you ever been convicted of a felony or had adjudication withheld? Yes No

Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain _____.

PROFESSIONAL REFERENCES

(Please list three persons whom you have known for at least one year.)

1. Name: _____ Phone: _____
Address: _____ Years Known: _____
2. Name: _____ Phone: _____
Address: _____ Years Known: _____
3. Name: _____ Phone: _____
Address: _____ Years Known: _____

EMPLOYMENT EXPERIENCE

Please start with your current or most recent job. You may include any job-related military service or volunteer activities.

Employer:		Dates employed		Work performed:
		From:	To:	
Address:				
Telephone Number:		Hourly Rate/Salary:		
Job Title:	Supervisor:	Starting:	Final:	
Employer:		Dates employed		Work performed:
		From:	To:	
Address:				
Telephone Number:		Hourly Rate/Salary:		
Job Title:	Supervisor:	Starting:	Final:	
Employer:		Dates employed		Work performed:
		From:	To:	
Address:				
Telephone Number:		Hourly Rate/Salary:		
Job Title:	Supervisor:	Starting:	Final:	
Employer:		Dates employed		Work performed:
		From:	To:	
Address:				
Telephone Number:		Hourly Rate/Salary:		
Job Title:	Supervisor:	Starting:	Final:	
Employer:		Dates employed		Work performed:
		From:	To:	
Address:				
Telephone Number:		Hourly Rate/Salary:		
Job Title:	Supervisor:	Starting:	Final:	

I understand that the company will implement a drug-free workplace policy and submission to blood/urine testing may be a condition of employment and continued employment. I hereby agree to submit to such testing and examination at the employer's expense at any time during the hiring process and my employment. I understand that my refusal to do so or my failure of the test(s) may result in my employer's refusal to hire me, or my immediate termination.

Applicant's Signature: _____ Date: _____

I understand that the company will do a background check and a division of motor vehicles check on me prior to hiring. I hereby agree as a condition of application for, and if hired, employment and continued employment, to have such checks run at any time. I understand that my refusal to so agree or the presence of a negative report may result in my immediate termination or refusal of employment.

Applicant's Signature: _____ Date: _____

I understand that I will be placed on a 90 day probationary period. I further understand that, in accordance with FS S 433.131.(3)(a)(2), if I am terminated during this period for inability to perform, the employer's unemployment account shall not be charged for any unemployment paid to me.

Applicant's Signature: _____ Date: _____

I certify that the answers given herein are true and complete to the best of my knowledge. It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from this employer's service if I have been employed. Further, I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has authorization to make any assurances to the contrary.

I give the employer the right to investigate all references and to secure additional information about me if job related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.

Applicant's Signature: _____ Date: _____

Please fax to:

561-687-7446