



**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:	

## EDUCATION

	Name & Address of School	Course of Study	Years completed	Diploma Degree
High School				
Undergraduate College				
Graduate or Professional				
Other (Specify)				

### Person to Contact in Case of Emergency:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address:

\_\_\_\_\_

### Other Qualifications and/or Special Training:

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

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**