



is an equal opportunity employer

We greatly appreciate your interest in our organization and assure you that applicants are considered for all positions without regard to race, color, sex, age, religion, national origin, disability, marital, or veteran status. Please note this application must be completed in its entirety and signed, in order to be considered for employment. Information submitted on this application is subject to verification. NOTE: All new hires are required to submit documentation in accordance with the Immigration Reform and Control Act of 1986.

Personal Information:

Today's Date: _____

Name: _____
(your name as it appears on your Social Security Card) Last First Middle

Present Address: _____
 Street City State Zip

Phone #: _____ Email Address: _____

Are you at least 18 years of age? Yes No If No, please state your age: _____

Are you legally eligible for employment in the US? Yes No

Employment Information:

Position applying for: _____ Date available to start: ____/____/____

How did you hear about this position?: _____

Type of employment desired: Full time Part time Seasonal Wage Desired: \$__per__

Are you willing to work overtime, if required? Yes No

Are there any shifts or hours that you cannot work? Yes No If yes, please identify: _____

Have you received a description of the job or been made aware of the essential functions of the job you are applying for:

Yes No Do you understand the job requirements? Yes No (if no, please explain) _____

Are you able and willing to perform job related functions with or without reasonable accommodation? Yes No

If no, please state functions that you cannot perform _____

Have you ever been convicted of any crime other than a minor traffic violation? Yes No

If yes, state the date and places where the charges occurred (Note: answering "yes" will not automatically disqualify you for employment): _____

Do you have a valid Florida Drivers License? Yes No Have you had any accidents or moving violations in the past 3 years Yes No If yes, please explain _____

Are you presently employed? Yes No If yes, may we contact your present employer? Yes No

Education

Name and Location of School	Years Completed	Did You Graduate	Degree / Major
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade / Business		<input type="checkbox"/> Yes <input type="checkbox"/> No	

List any extracurricular activities, awards, scholarships, or clubs that you were involved in which might be related to the position for which you are applying:

List any Licenses or certifications which you hold that may be related to the position for which you are applying.

Employment Experience:

Please give accurate and complete full/part time employment record. Start with your present or most recent employer first.

Company Name:	Telephone:	
Address:	Employed From:	To:
Name of Supervisor:	Salary/Wages Start:	Finish:
State job title and responsibilities:	Reason for separation:	
Company Name:	Telephone:	
Address:	Employed From:	To:
Name of Supervisor:	Salary/Wages Start:	Finish:
State job title and responsibilities:	Reason for separation:	
Company Name:	Telephone:	
Address:	Employed From:	To:
Name of Supervisor:	Salary/Wages Start:	Finish:
State job title and responsibilities:	Reason for separation:	
Company Name:	Telephone:	
Address:	Employed From:	To:
Name of Supervisor:	Salary/Wages Start:	Finish:
State job title and responsibilities:	Reason for separation:	

Note that all the employers listed above will be contacted unless the applicant indicates differently.

Are there any employers above whom you do not wish for us to contact? Yes No

If yes, please indicate employer and reason: _____

References:

List below the names of three persons, not related to you, whom you have known for at least one year.

Name	Address & Phone	Business	Years Known

I hereby reaffirm that I have read the foregoing questions and that my answers to them are true and correct and that I have not misrepresented or withheld any information. I understand that falsification of this information may be cause for immediate dismissal. I further acknowledge that my employment may be terminated, and the company or I may withdraw any offer of employment without prior notice. I also understand that my employment is at will. This means I am free to terminate my employment at any time, for any reason, and the company retains the same right. I understand that any offer of employment may be contingent upon a credit and criminal background investigation and a pre-employment drug screen. I hereby authorize all references and former employers listed on my employment application to give the company any and all information concerning my previous employment and any pertinent information they might have, personal or otherwise. I hereby release all parties, including agents, from any claims, causes of action, or liability from damages that may or could result from furnishing such information to the company or as a result of information obtained through a background investigation or drug screen.

Signature of Applicant: _____

Date: _____