



EMPLOYMENT APPLICATION

Last name		First		MI		Date of birth		Date of application	
Street address					Apt	Type(s) of work desired		Social Security number	
City			State		ZIP	Home telephone		Work telephone	
How were you referred to us?	A By a parent	If so, give name:	B Advertisement	C Employment agency	D By an employee	If so, give name:	E Walk-in	F Other	
E-Mail Address:									

Please read carefully and complete by printing in ink or typing.

An Equal Opportunity Employer

We are an equal opportunity employer, and we do not and will not discriminate on the basis of race, religion, national origin, sex, age, handicap, marital status, or status as a disabled veteran. Information provided on this application will not be used for any discriminatory purpose.

Provide all information requested.

Your complete application form will be maintained in our active files for six (6) months from the date of application. You may submit a new application at any time.

Educational History

School name	Location (City, State)	Major course or subject	Dates attended		Graduated		Degree
			From	To	Yes	No	
High school							
Technical / trade (after high school)							
College (list all attended)							
Other education / training							

Employment Record

Starting with present or most recent, list all previous employers. Include self-employment and summer and part-time jobs. If more space is required, please continue on a separate sheet. You may attach a resume, but complete this application as well.

Last or present company		Type of business	Type or classification of job
Street address		Phone number	Brief description of job duties
City	State	ZIP code	
Supervisor's name		Phone number	
Base salary	Dates worked From	To	
Reason for leaving			

Last or present company		Type of business	Type or classification of job
Street address		Phone number	Brief description of job duties
City	State	ZIP code	
Supervisor's name		Phone number	
Base salary	Dates worked From	To	
Reason for leaving			

Last or present company		Type of business	Type or classification of job
Street address		Phone number	Brief description of job duties
City	State	ZIP code	
Supervisor's name		Phone number	
Base salary	Dates worked From	To	
Reason for leaving			

Last or present company		Type of business	Type or classification of job
Street address		Phone number	Brief description of job duties
City	State	ZIP code	
Supervisor's name		Phone number	
Base salary	Dates worked From	To	
Reason for leaving			

Military Record

Branch of service _____ From _____ To _____

Present military affiliation:

None _____ Reserve (active) _____ Reserve (inactive) _____

Kinds of training and duty while in service _____

Do you have medical coverage? _____ Yes _____ No

If so, with who? _____

BACKGROUND INFORMATION

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR A FIRST DEGREE MISDEMEANOR? _____ YES _____ NO

If yes, what charges? _____

Where convicted? _____ Date of conviction _____

HAVE YOU EVER PLED NOLO CONTENDERE OR PLED GUILTY TO A CRIME WHICH IS A FELONY OR A FIRST-DEGREE MISDEMEANOR? _____ YES _____ NO

If yes, what charges? _____

Where convicted? _____ Date of conviction _____

HAVE YOU EVER HAD THE ADJUDICATION OF GUILT WITHHELD TO A CRIME WHICH IS A FELONY OR A FIRST DEGREE MISDEMEANOR? _____ YES _____ NO

If yes, what charges? _____

Where convicted? _____ Date of conviction _____

NOTE: A "YES" answer to these questions will not automatically bar you from employment. The nature, job relatedness, diversity and date of the offense in relation to the position of which you are applying are considered

CITIZENSHIP

ARE YOU A U.S. CITIZEN OR ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? YES NO

NOTE: The State of Florida hires only U.S. citizens and lawfully authorized alien workers. If a conditional offer of employment is made, you will be required to provide proof of citizenship or authorization to work in the U.S.

CERTIFICATION

I am aware that any omissions, falsifications, misstatements, or misrepresentations above may disqualify me for employment consideration and, if I am hired, may be the grounds for termination at a later date. I understand that any information I give may be investigated as allowed by the law. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

SIGNATURE: _____

DATE: _____