



Employment Application

15000 Citrus Country Drive
Dade City, FL 33523

DATE: _____

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

NAME _____
LAST FIRST MIDDLE MAIDEN

PRESENT ADDRESS _____
NUMBER STREET CITY STATE ZIP

HOW LONG _____ SOCIAL SECURITY No. _____

TELEPHONE () _____ ALT PHONE () _____

IF UNDER 18 PLEASE LIST AGE _____ DAYS/HOURS AVAILABLE
 No Pref _____ Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

POSITION APPLYING FOR _____

AND SALARY DESIRED _____

HOW MANY HOURS CAN YOU WORK WEEKLY? _____

EMPLOYMENT DESIRED FULL-TIME ONLY PART-TIME ONLY FULL OR PART TIME

WHEN WOULD YOU BE AVAILABLE TO START? _____

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (COMPLETE MAILING ADDRESS)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. Or Trade				
Professional				

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

HAVE YOU EVER BEEN CONVICTED OF A CRIME?

YES

NO

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

DO YOU HAVE A DRIVER'S LICENSE / CDL?

YES

NO

What is your means of transportation to work?

Driver's license number

State of issue

Expiration date

Type

Have you had any accidents during the past three years?

How Many?

Have you had any moving violations during the past three years?

How Many?

Do you have a concealed weapons permit?

Yes

No

Number

State of issue

Expiration Date

Please list three references other than relatives or previous employers.

Name

Name

Name

Company

Company

Company

Position

Position

Position

Address

Address

Address

Telephone

Telephone

Telephone

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An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

HAVE YOU EVER SERVED IN THE ARMED SERVICES? Yes No

Branch of service _____ Date Entered _____ Discharge Date _____

Last Rank Held _____ Specialty _____

ARE YOU NOW A MEMBER OF THE RESERVES OR NATIONAL GUARD? Yes No

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held.
If you were self employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Phone Number	Name of last supervisor	Employment Dates From To	Pay or salary Start Final
Your last job title			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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Name of employer Address City, State, Zip Phone Number	Name of last supervisor	Employment Dates	Pay or salary
		From	Start
		To	Final
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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		From	Start
		To	Final
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip Phone Number	Name of last supervisor	Employment Dates	Pay or salary
		From	Start
		To	Final
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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**WE ARE AN EQUAL OPPORTUNITY EMPLOYER
APPLICANT'S STATEMENT**

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at any time with or without notice, and the Company has the same right. No one other than an officer of the Company has authority to modify this relationship or make any agreement to the contrary. Any such modification or agreement must be in writing.

I understand that the Company reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law. I authorize the Company to investigate my driving record, my credit history and my criminal record. I further understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records and other information pertinent to my employment with them. I also authorize the Company to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information.

I understand that the Company is a 100% electronic pay environment. Further if I am hired I will receive my pay by direct deposit and any delay in providing banking information to the Company in a timely manner may delay the process.

By signing below, I certify that all of the information that I provide on this application and in any interview will be true, complete and accurate. I understand that if I am employed and any such information is later found to be false or misleading in any respect, I will be dismissed.

*****AUTHORIZATION TO OBTAIN CONSUMER REPORT*****

I CERTIFY THAT I HAVE RECEIVED A WRITTEN NOTIFICATION THAT THE COMPANY MAY OBTAIN A CONSUMER REPORT OR REPORTS ON ME. I AUTHORIZE THIS COMPANY TO OBTAIN SUCH A REPORT OR REPORTS FOR USE IN CONNECTION WITH MY APPLICATION FOR EMPLOYMENT AND FOR OTHER EMPLOYMENT-RELATED REASONS. I UNDERSTAND THAT THE TERM "CONSUMER REPORT" INCLUDES, BUT IS LIMITED TO, CREDIT CHECKS, CRIMINAL BACKGROUND CHECKS, AND DEPARTMENT OF MOTOR VEHICLE REPORTS.

DATE

SIGNATURE OF APPLICANT

