



# Employment Application

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:

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First MI

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Present Address: \_\_\_\_\_  
Street City State Zip

How long have you lived at this address? \_\_\_\_\_ Phone #: \_\_\_\_\_

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:

Date available to start: \_\_\_\_/\_\_\_\_/\_\_\_\_

Position applying for: \_\_\_\_\_

Referred By: \_\_\_\_\_

Type of employment desired:  Full-time  Part-time  Temporary

Wage Desired: \$ \_\_\_\_\_ per \_\_\_\_\_

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

Have you ever applied for a position with this Company before?  Yes  No

If yes, when and reason for leaving \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony or a misdemeanor?  Yes  No

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

Are you presently employed?  Yes  No

If yes, may we contact your present employer?  Yes  No

### In the event of an emergency, notify:

Name	Address	Telephone	Relationship

321.445.9845

PO BOX 236727, COCOA, FL 32923

**Education:**

Name & Location	Years Completed	Graduated?	Degree earned (Major)
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business, or Correspondence School:		<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: \_\_\_\_\_  
 \_\_\_\_\_

**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 otherwise. Are there any employers above that 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: \_\_\_\_\_

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Application reviewed by: \_\_\_\_\_