



## Employment Application

**This application will only be effective for 60 days from the date signed.  
To be considered for employment after that date, a new application must be completed.**

**PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE**

**Drug Free Workplace**

**APPLICANTS MAY BE TESTED FOR DRUGS IN ACCORDANCE WITH  
THE FLORIDA DRUG FREE WORKPLACE PROGRAM**

**ALL PAGES MUST BE COMPLETED IN THEIR ENTIRETY.** DATE \_\_\_\_\_

Name \_\_\_\_\_  
Last First Maiden Middle

Present address \_\_\_\_\_  
Number Street City State Zip

How long \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

If under 18, please list age \_\_\_\_\_

Position applied for (1) \_\_\_\_\_

And salary desired (2) \_\_\_\_\_

(Be specific)

Can you perform the essential functions of the job you are applying for (with or without an accommodation)?  Yes  No

Days/hours available to work  
 No Pref \_\_\_\_\_ Thur \_\_\_\_\_  
 Mon \_\_\_\_\_ Fri \_\_\_\_\_  
 Tue \_\_\_\_\_ Sat \_\_\_\_\_  
 Wed \_\_\_\_\_ Sun \_\_\_\_\_

How many hours can you work weekly \_\_\_\_\_

Can you work nights? \_\_\_\_\_

Employment desired  FULL-TIME ONLY  PART-TIME ONLY  FULL- OR PART-TIME

When available for work? \_\_\_\_\_

Are you legally authorized to work in the United States?  Yes  No

(Proof of employment eligibility will be required upon employment).

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED (Not date of graduation)	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

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**Criminal History**

Your answers to these questions will be checked against local, state, and federal records. Failure to answer these questions accurately could be sufficient grounds for dismissal, if hired.

HAVE YOU EVER BEEN CONVICTED OF, PLED GUILTY OR "NO CONTEST" (NOLO CONTENDERE) TO A CRIME, HAD ADJUDICATION WITHHELD OR PROSECUTION DEFERRED?  No  Yes

If yes, on the attached page eight (8) please explain number of conviction(s), nature of offense(s) leading to conviction(s) or pleas, how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. NOTE: An affirmative answer will not automatically disqualify you from being considered as a candidate for employment but the information will be considered in relation to the position that you are seeking. All requested information must be completed.

HAVE YOU EVER BEEN A DEFENDANT IN A CIVIL SUIT FOR AN INTENTIONAL TORT (assault, battery, false imprisonment, invasion of privacy, intentional infliction of emotional distress, intentional wrongful death, etc.)?  No  Yes

If yes, provide details, including type of tort, date(s), county and state and disposition(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COMPLETE IF REQUIRED FOR JOB APPLYING FOR:**

DO YOU HAVE A DRIVER'S LICENSE?  Yes  No

What is your means of transportation to work? \_\_\_\_\_

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_

Expiration date \_\_\_\_\_

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? \_\_\_\_\_

Please list two references (whom you have known for at least 2 years) other than relatives or previous employers.

Name \_\_\_\_\_ Position \_\_\_\_\_

Company \_\_\_\_\_ Address \_\_\_\_\_

Telephone(\_\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_

Company \_\_\_\_\_ Address \_\_\_\_\_

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 or any other information you think would be helpful to us in considering you for employment, such as additional work experience, special skills, articles/books published, activities, honors received, etc. (Please omit all information that would indicate age, sex, sexual orientation, race, religion, color, national origin, genetics, disability or other protected characteristic.).

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**Work Experience**

Please list your work experience for the **past ten years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary. FOR ALL EMPLOYMENT DATES INDICATE MONTH AND YEAR.**

Name of employer _____ Address _____  City, State, Zip Code _____ Phone number _____	Name of last supervisor	Employment dates (month/year)	Pay or Salary
	Your last job title	From	Start
To		Final	

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 Code _____ Phone number _____	Name of last supervisor	Employment dates (month/year)	Pay or Salary
	Your last job title	From	Start
To		Final	

Reason for leaving (be specific)

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

**Work  
Experience**

Please list your work experience for the **past ten years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary. FOR ALL EMPLOYMENT DATES INDICATE MONTH AND YEAR.**

Name of employer _____ Address _____ _____ _____	Name of last supervisor	Employment dates (month/year) From To	Pay or Salary Start Final
City, State, Zip Code _____ Phone number _____	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 Code _____ Phone number _____	Name of last supervisor	Employment dates (month/year) 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.			

Have you ever been involuntarily discharged (terminated or asked to resign) from a position? If so, explain the circumstances:

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

Please explain completely any gaps in your employment history: \_\_\_\_\_

\_\_\_\_\_

Are you currently employed?  Yes  No

If so, why do you wish to leave your current employment? \_\_\_\_\_

May we contact your present employer?  Yes  No

Have you ever applied or worked here before? \_\_\_\_\_ If yes, provide dates:

List any relatives or friends currently employed here:

Do you have any commitments to another employer or business that might affect your employment with us? ? If so, please explain:

\_\_\_\_\_

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**APPLICANT'S ACKNOWLEDGMENT**

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that any misrepresentations, omissions of facts or incomplete answers in any application or accompanying resume, letter of reference or other document will disqualify me from further consideration for employment. I further understand that, if employed, any discovery by the Company of any misrepresentations or omissions of facts in any application or accompanying resume, letter of reference, other document, or verbally will be cause for my dismissal at any time without prior notice. I hereby authorize investigation of all statements contained in this application. If driving is a condition of my employment, I agree to immediately notify the Company if my driver's license is suspended or revoked. I understand that if employed it is not for a definite period of time and that either the undersigned or the Company may end the employment relationship at any time, without specified notice or reason.

I acknowledge that this application will remain active for 60 days from this date. If I have not heard from the Company at the conclusion of this 60-day period, if I still wish to be considered for employment by the Company, it is my responsibility to complete a new application. If hired, I understand that this application becomes part of my official employment record.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

**FLORIDA DRUG FREE WORKPLACE PROGRAM**

THE COMPANY IS A DRUG FREE WORKPLACE. IT IS A CONDITION OF EMPLOYMENT WITH THE COMPANY THAT ALL EMPLOYEES REFRAIN FROM USING DRUGS AND ALCOHOL ON THE JOB. REFUSING TO SUBMIT TO A TEST FOR DRUGS OR ALCOHOL CAN RESULT IN THE FORFEITURE OF ELIGIBILITY FOR MEDICAL AND INDEMNITY BENEFITS AND WILL RESULT IN TERMINATION..

**EQUAL EMPLOYMENT OPPORTUNITY POLICY**

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, national origin, citizenship, age, genetics, marital status, disability or other classification protected by law. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

***[GO TO NEXT PAGE:***

***REMAINDER OF THIS PAGE LEFT BLANK]***

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**APPLICATION FOR EMPLOYMENT**  
**PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH BEFORE SIGNING**  
**APPLICATION FORM WAIVER/RELEASE**

**At-will.** I agree that: Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment for a definite term, or to confer any right to remain an employee of the Company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned. Both the undersigned and the Company may end the employment relationship at any time, without specified notice or reason. If employed, I agree to follow all company policies and procedures and I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits. I understand that if I have a separate agreement with the Company (either individually or as part of a unit of employees) governing the terms and conditions of my employment and any benefits then the terms of that agreement will govern over this statement. \_\_\_\_\_ **Initials**

**Application Disclosure and Release.** I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is grounds for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others with relevant information (excluding any medical information except post-offer) that may be useful to the Company in making a hiring decision and hereby release the Company and such persons and organizations from any liability as a result of such contact. If employed, I also grant permission for the Company to release information concerning my employment to prospective employers and, I release the Company from any legal liability in releasing any information. \_\_\_\_\_ **Initials**

**Drug and Medical Testing and Consent.** I also understand that (1) the Company has a drug and alcohol policy that allows for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of any required testing under such policy. I understand and agree that I may be required to take a drug and alcohol screening test. I hereby give my voluntary consent for a blood hair, and/or urine sample to be collected from me and submitted for testing upon the request of the Company. I also consent to the release of the test result to the Company for its use. \_\_\_\_\_ **Initials**

**Driver's License Check and Consent.** I understand that if driving is required for my position then a driver's license check will be conducted and I hereby authorize the Company to do so at any time prior to or during my employment. \_\_\_\_\_ **Initials**

**Post Offer Medical Information and Release.** I authorize the Company to obtain (post offer) a report containing medical information about me from a consumer reporting agency to be used for employment purposes. I understand that if I am given a conditional offer of employment, I may be required to accurately and truthfully complete a post offer medical questionnaire and/or undergo a physical examination, including a drug screening exam and x-rays, and I consent to the release to the Company of any and all medical information, as may be requested or required by the Company in judging my capability to do the work for which I am applying. I understand that if required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination and all information will be kept confidential and in a separate file. All other medical examinations will be requested and required as permitted by law. \_\_\_\_\_ **Initials**

**Probationary Period.** I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment with the Company is terminable at-will (absent an agreement that expressly provides otherwise) for any reason by either party. \_\_\_\_\_ **Initials**

**Signature of Applicant** \_\_\_\_\_

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

**Printed Name:** \_\_\_\_\_

**Note: SEPARATE FEDERAL FAIR CREDIT ACT NOTICES AND ACKNOWLEDGMENTS WILL BE REQUIRED FOR CONSUMER REPORTS AND INVESTIGATIVE CONSUMER REPORTS TO BE CONDUCTED BY THIRD PART**

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**CONFIDENTIAL CRIMINAL CONVICTION DISCLOSURE**

**[THIS PAGE TO BE REMOVED BY THE COMPANY AND PLACED IN A SEPARATE CONFIDENTIAL FILE]**

Applicant's Name: \_\_\_\_\_ Position applying for: \_\_\_\_\_

**NOTE: A PAST CRIMINAL HISTORY WILL NOT AUTOMATICALLY DISQUALIFY YOU FROM BEING CONSIDERED AS A CANDIDATE FOR EMPLOYMENT. THE NATURE OF THE CRIME(S), NUMBER OF OFFENSES, THE TIME ELAPSED, AS WELL AS THE COMPANY'S NEED TO COMPLY WITH ANY FEDERAL AND/OR STATE LAW REQUIREMENTS FOR THE OPERATION OF ITS BUSINESS WILL BE CONSIDERED IN RELATION TO THE POSITION THAT YOU ARE SEEKING. ALL REQUESTED INFORMATION MUST BE COMPLETED. ARRESTS ARE NOT TO BE DISCLOSED. JUVENILE INFORMATION THAT IS CURRENTLY UNDER SEAL IS NOT TO BE DISCLOSED.**

Explain: number of conviction(s):

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

Explain: nature of offense(s) leading to conviction(s):

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

Explain how recently such offense(s) was/were committed, sentence(s) imposed:

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

Explain type(s) of rehabilitation:

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

Provide any other information you want the Company to consider: **[attach separate page if necessary]**

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

Signature of applicant \_\_\_\_\_

Printed Name: \_\_\_\_\_

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



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**POST EMPLOYMENT INFORMATION FORM**

TO BE COMPLETED AFTER EMPLOYEE HAS BEEN HIRED

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ Relationship \_\_\_\_\_

TO BE COMPLETED  
BY EMPLOYER

Date of employment \_\_\_\_\_ Job Title \_\_\_\_\_ Dept. \_\_\_\_\_  
Location \_\_\_\_\_ Rate of pay \_\_\_\_\_  Full-time  Part-time  
Applicant's signature acknowledging above information obtained? \_\_\_\_\_  
Drug test confirmation number (if applicable) \_\_\_\_\_  
Name of person verifying information \_\_\_\_\_  
Name of person authorizing employment \_\_\_\_\_