



# EMPLOYMENT APPLICATION

(850)-233-0809

Fax: (850) 230-9892

**PERSONAL INFORMATION:**

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Current address: \_\_\_\_\_

Street City State Zip

Phone no.: \_\_\_\_\_ Referred by: \_\_\_\_\_

Drivers License no.: \_\_\_\_\_ State \_\_\_\_\_

**EMPLOYMENT DESIRED:**

Position: \_\_\_\_\_ Date you can start \_\_\_\_\_ Salary desired: \_\_\_\_\_

Are you employed now? Yes No If so, may we inquire of your present employer? Yes No

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

Ever applied to this company before? Yes No When? \_\_\_\_\_

**EDUCATION HISTORY:**

High School Graduated: Yes No If not, grade completed: 8 9 10 11 12

College Graduated: Yes No If not, years completed: 1 2 3 4

Other education: \_\_\_\_\_

**FORMER EMPLOYERS:** (List below last four employers, starting with last one first.)

From date/To date	Name & Address	Salary	Position	Reason for Leaving

**REFERENCES:** Give below the names of three persons not related to you, whom you have known at least one year.

Name	Address	Phone no.	Business	Years Known

**AUTHORIZATION:**

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation, including a background check, of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, person or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

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

INTERVIEWERS NOTES AND REMARKS:

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks:

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Neatness		Character	
Personality		Ability	
Date Hired	Position	Start Date	Hourly Rate

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

**REFERENCES** GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS KNOWN

**AUTHORIZATION**

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

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DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

**REMARKS**


NEATNESS		CHARACTER		
PERSONALITY		ABILITY		
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES

APPROVED: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
EMPLOYMENT MANAGER DEPARTMENT HEAD GENERAL MANAGER

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