

Veteran of the U.S. Military service? Yes No If yes, what branch _____

Do you have any physical, mental or medical impairment or disability that would limit your job performance for the position for which you are applying? Yes No

If yes, please explain _____

Are there workplace accommodations which would assure better job placement and/or enable you to perform your job to your maximum capabilities? Yes No

If yes, please explain _____

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Physical or Mental Handicaps.

Government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

If you wish to be identified, please sign below.

Handicapped Individual Disabled Veteran Vietnam Era Veteran

Signed _____

Agreement

I certify that answers herein are true and complete to the best of my knowledge.

I understand that I will be required to submit to a pre-employment drug screen test.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

When an office is short an excessive amount of cash or merchandise, all employees of that office may be required to submit to a polygraph examination. The polygraph test will be confined specifically to cash and inventory shortage.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the Company.

I hereby acknowledge that I have read the above statement, understand it, and agree to its terms.

Signature of Applicant _____ Date _____



Employment Application

Fort Myers	Sarasota	St. Petersburg	Naples	Sebring
11901 Metro Parkway Fort Myers FL 33966 (239) 275-9101 fax (239) 275-5647	407 Interstate Blvd Sarasota FL 34240 (941) 378-5663 fax (941) 378-5812	9525 International Ct. St. Petersburg FL 33716 (727) 576-8202 fax (727) 577-0272	Naples FL (239) 261-8440 fax (239) 261-8408	Sebring FL (863) 402-0232 fax (863) 402-0234

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of non-job-related medical condition or handicap.

(Please Print) Date of Application _____

Position(s) Applied for: Sales Technical Clerical or Administrative Other

Referral Source: Ad Friend Relative Walk-In Employee Employment Agency

Name of Referring Employee or Agency _____

Name _____
Last First Middle

Address _____
Street

City State Zip

Telephone () Cell Phone () Email Address _____

If employed and you are under 18, can you furnish a work permit? Yes No

Have you filed an application here before? Yes No If yes, give date _____

Have you been employed here before? Yes No If yes, give date _____

Currently employed? Yes No May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Proof of citizenship or immigration status is required upon employment. Yes No

On what date would you be available for work? _____

Are you available to work Full Time Part Time Shift Work Temporary

Are you on a lay-off and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Do you have a valid drivers license? Yes No If yes, what state _____

Have you ever been convicted of, had adjudication withheld, pled guilty or plead nolo contendere (including Pre-Trial Diversion) to any Felony or Misdemeanor, or do you currently have an Active or Pending criminal case in any jurisdiction? Yes No

If yes, please explain fully _____

Employment Experience

Start with your present or most recent position. Include military service assignments and volunteer activities. Please exclude organizations names which indicate race, color, religion, sex or national origin.

Fill in all information even if a resume is also being submitted.

1 Employer _____ Dates Employed _____ to _____
Address _____ Hourly Rate/Salary _____ / _____
starting final
Job Title _____ Supervisor _____ Reason for Leaving _____
Work Performed _____

2 Employer _____ Dates Employed _____ to _____
Address _____ Hourly Rate/Salary _____ / _____
starting final
Job Title _____ Supervisor _____ Reason for Leaving _____
Work Performed _____

3 Employer _____ Dates Employed _____ to _____
Address _____ Hourly Rate/Salary _____ / _____
starting final
Job Title _____ Supervisor _____ Reason for Leaving _____
Work Performed _____

4 Employer _____ Dates Employed _____ to _____
Address _____ Hourly Rate/Salary _____ / _____
starting final
Job Title _____ Supervisor _____ Reason for Leaving _____
Work Performed _____

5 Employer _____ Dates Employed _____ to _____
Address _____ Hourly Rate/Salary _____ / _____
starting final
Job Title _____ Supervisor _____ Reason for Leaving _____
Work Performed _____

6 Employer _____ Dates Employed _____ to _____
Address _____ Hourly Rate/Salary _____ / _____
starting final
Job Title _____ Supervisor _____ Reason for Leaving _____
Work Performed _____

Education

High School _____ name _____ location _____ Highest Completed 9 10 11 12
circle

Diploma/Degree _____ Describe Course Study _____

Describe Specialized Training or Skills _____

List Extra-Curricular Activities or Groups Involved With _____

College _____ name _____ location _____ Highest Completed 1 2 3 4
circle

Diploma/Degree _____ Describe Course Study _____

Describe Specialized Training or Skills _____

List Extra-Curricular Activities or Groups Involved With _____

Technical School _____ name _____ location _____ Highest Completed 1 2 3 4
circle

Diploma/Degree _____ Describe Course Study _____

Describe Specialized Training or Skills _____

List Extra-Curricular Activities or Groups Involved With _____

Graduate/Professional _____ name _____ location _____ Highest Completed 1 2 3 4
circle

Diploma/Degree _____ Describe Course Study _____

Describe Specialized Training or Skills _____

List Extra-Curricular Activities or Groups Involved With _____

Honors Received

Personal References - give name and contact information of 3 references who are not related to you and are not previous employers.

name _____ location _____ phone number _____

name _____ location _____ phone number _____

name _____ location _____ phone number _____

Special Skills and Qualifications—summarize any special skills and qualifications acquired from employment or other experiences.
