



2895 42nd Avenue N.
 St. Petersburg, FL 33714
 727-528-8566 ext. 326
 Fax: 727-525-4240

APPLICATION FOR EMPLOYMENT

THIS COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER

PLEASE PRINT AND ANSWER ALL QUESTIONS COMPLETELY AND ACCURATELY

FAILURE TO DO SO MAY RESULT IN YOUR APPLICATION BEING DENIED

NAME:		DATE:	
Last	First	Middle	
ADDRESS: _____			
Street Number	City	State	Zip
Telephone No.	Social Security No.	Position Sought:	
PREVIOUS ADDRESS:			

Street Number	City	State	Zip
Wage/Salary	Full Time? _____	Check shifts for which you are available:	
Desired: \$ _____/hr	Part Time? _____		
Temporary? _____	1st _____	2nd _____	3rd _____
Identify relevant skills or training you have or equipment you can operate:			

Have you been employed with or applied for employment with this Company before? Yes No			
Are you over age 18? Yes No		Were you referred here? How?	
Are you over age 16? Yes No			
List the names of any friends or relatives who work for the Company:			
Name _____		Relationship _____	
Name _____		Relationship _____	
PERSONAL REFERENCES:			
Name	Address and Telephone No.	Relationship to You	Occupation
1.			
2.			
3.			
EDUCATION		Address	Years Complete
Institution Name			(Circle)
High School:			9 10 11 12
College:			1 2 3 4
Graduate Work:			1 2 3 4
Other:			1 2 3 4

EMPLOYMENT HISTORY: List all positions held starting with the most recent. Use additional pages if needed.		
Employer Name/Address	Dates of Employment	Other Information
Name _____ Address: _____ _____ _____ Telephone: _____	From: _____ to _____ Salary: \$ _____ Title: _____	Duties: _____ _____ _____ Reason left: _____ Supervisor: _____
Name _____ Address: _____ _____ _____ Telephone: _____	From: _____ to _____ Salary: \$ _____ Title: _____	Duties: _____ _____ _____ Reason left: _____ Supervisor: _____
Name _____ Address: _____ _____ _____ Telephone: _____	From: _____ to _____ Salary: \$ _____ Title: _____	Duties: _____ _____ _____ Reason left: _____ Supervisor: _____
Name _____ Address: _____ _____ _____ Telephone: _____	From: _____ to _____ Salary: \$ _____ Title: _____	Duties: _____ _____ _____ Reason left: _____ Supervisor: _____
Have you ever been a defendant in a civil action for an intentional tort? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please state the circumstances, including a description of the nature of the intentional tort, the date that it was allegedly committed and the disposition of the action (please ask for additional paper if you need more space). 		
Have you ever been convicted of a crime, had adjudication withheld, or pled no contest to a crime? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please state the type of crime and the circumstances with regard to each, including date of the conviction or plea and the penalty, if any, imposed by the court (please ask for additional paper if you need more space). 		
NOTE: Answering YES to any of these questions may not necessarily disqualify you from the position you desire. Each action and explanation will be weighted/considered in relationship to the position for which you are applying.		
<i>I attest to the truthfulness of any and all information and answers provided above. Any false or misleading statements will be grounds for denial of employment or discharge. I understand the company will be checking into my references and employment background. I authorize the Company to do so and release from liability anyone giving or obtaining such background information. This application does not constitute a contract of employment or an indication that any jobs are available. Any employment with the Company is at-will, meaning the employer or employee can end the employment relationship at any time for any or no reason and with or without notice. My signature below verifies that I have read and understand the foregoing statements.</i>		
Signature: _____		Date: _____

ESOC 13-09



VOLUNTARY EEO SELF-IDENTIFICATION FORM

Completion of this data is voluntary and will not affect your opportunity for employment or terms or conditions of employment. This form will be used for EEO1 reporting purposes only and will be kept separate from all other personnel records only accessed by Human Resources Department. Thank you for your participation.

NAME: _____ **JOB APPLIED FOR:** _____

GENDER: _____ Male _____ Female

RACE/ETHNICITY:

(Please check only one of the descriptions below corresponding to the race/ethnic group with which you identify.)

___ **Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

___ **White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

___ **Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.

___ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

___ **Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

___ **American Indian or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.

___ **Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races.

Signature: _____ **Date completed:** _____

VOLUNTARY VETERAN SELF-IDENTIFICATION

Federal contractors are required to implement affirmative action procedures in employing veterans from the three targeted groups identified below. Federal contractors also are required to report annually on the inclusion of veterans from these three groups in their current workforce and in their new hires. Current and prospective employees are requested to provide the information below so that our company can comply with these important federal mandates. Provision of the information requested below is voluntary and will be kept confidential by us. Disclosure or refusal to provide the information will not subject the applicant or employee to any adverse treatment and the information will be used only to support veterans' programs in accordance with the regulations implementing 38 U.S.C. 4212.

SPECIAL DISABLED VETERAN

VETERAN OF THE VIETNAM-ERA

OTHER VETERANS

List Campaign(s) you served in: _____

NEWLY SEPARATED VETERANS

NOT A VETERAN

I DO NOT WISH TO SELF IDENTIFY.

Name: _____ Date: _____

Signature: _____