

Application for Employment FLORIDA

Position Desired: [] Part time [] Full time				Date:	
Name (Print) Last		First		Middle	
Present Address	Street and Number	City	State	Zip Code	Length of time there? Years Months
Previous Address	Street and Number	City	State	Zip Code	Length of time there? Years Months
Telephone No.			Social Security No.		

Have you ever worked for this Company before? [] Yes [] No
If yes, please give dates and position:

NOTE: Answering *Yes* to the following two questions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. (Do not include minor traffic infractions, and convictions for which the record has been sealed or expunged.)

Have you ever pled guilty or *no contest* to, or been convicted of, a misdemeanor or felony? [] Yes [] No
If yes, please give the date(s) and details:

Have you been arrested for any matters for which you are out on bail or on your own recognizance pending trial? [] Yes [] No
If yes, please give the date(s) and details:

Record of Previous Employment

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references. [Add additional page if necessary]

Present or Last Employer Address	Employed From (mo./yr.)	Pay Start	Your Title or Position	Exact Reason for Leaving
City, State, ZIP Code		\$	Name and Title of Last Supervisor	
Telephone	To (mo./yr.)	Final		
		\$		
Present or Last Employer Address	Employed From (mo./yr.)	Pay Start	Your Title or Position	Exact Reason for Leaving
City, State, ZIP Code		\$	Name and Title of Last Supervisor	
Telephone	To (mo./yr.)	Final		
		\$		
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		\$		

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City, State, ZIP Code		\$		
Telephone	To (mo./yr.)	Final	Name and Title of Last Supervisor	
		\$		

Have you ever been terminated or asked to resign from any job? Yes No If Yes, please explain circumstances:

Please explain fully any gaps in your employment history:

May we contact your current employer? Yes No. If No, please explain:

Please indicate any actual experience, special training and qualifications that you have which you feel are relevant to the position for which you are applying.

Have you ever used another name? Yes No Is any additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your work and educational record? If yes, please explain:

Are you capable of satisfactorily performing the essential job duties required of the position for which you are applying? Yes No

Do you have adequate transportation to and from work? Yes No

How many days of work have you missed in the last three years due to reasons other than paid holidays and vacation?

Year	Number of days	Year	Number of days	Year	Number of days
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Education

School Name	Years Completed (Circle)	Diploma/Degree	Describe Course of Study or Major	Describe Specialized Training, Experience, Skills and Extra-Curricular Activities
Elementary:	4 5 6 7 8			
High School:	9 10 11 12			
College/University:	1 2 3 4			
Graduate/Professional:	1 2 3 4			
Trade or Correspondence:				
Other:				

Personal References

Please list persons who know you well—**not** previous employers or relatives

Name	Occupation	Address (Street, City and State)	Telephone Number	Number of Years Known

This application will be considered active for a maximum of thirty (30) days. If you wish to be considered for employment after that time, you must reapply.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

Date _____ Signature of Applicant _____

Applicant's Statement & Agreement

In the event of my employment to a position in this Company, I will comply with all rules and regulations of this Company. I understand that the Company reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent upon the passing of a physical examination. I consent to the disclosure of the results of any physical examination and related tests to the Company. I also understand that I may be required to take other tests such as personality and honesty tests, prior to and during my employment. I understand that should I decline to sign this consent or take any of the above tests, my application for employment may be rejected or my employment may be terminated. I understand that bonding may be a condition of hire. If it is, I will be so advised either before or after hiring and a bond application will have to be completed.

I further understand that the Company may obtain Public Records about me as part of a background investigation and that I may waive my right to receive a copy of such Public Records by checking the box to the right [].

I further understand that the Company may contact my previous employers. I authorize those employers to disclose to the Company all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby waive any rights or claims I have or may have against my former employers, their agents, employees, and representatives, as well as other individuals who release information to the Company, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons named herein as personal references to provide the Company with any pertinent information they may have regarding myself.

I hereby state that all the information that I have provided on this application or any other documents completed in connection with my employment, and in any interview is true and accurate. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any information provided to the Company is found to be false or incomplete in any respect, I may be dismissed. I understand if selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.

If hired, I agree as follows: My employment and compensation is terminable at-will, is for no definite period, and my employment and compensation may be terminated by either the Company (employer) or me at any time and for any reason whatsoever, with or without good cause.

This is the entire agreement between the Company and me regarding the length of my employment and the reasons for termination of employment, and this agreement supersedes any and all prior agreements regarding these issues. It is further agreed and understood that any agreement contrary to the foregoing must be entered into, in writing, by the President or Owner of the Company. No supervisor or representative of the Company, other than its President or Owner, has any authority to enter into any agreement for employment for any specified period of time or make any agreement contrary to the foregoing. Oral representations made before or after you are hired do not alter this Agreement.

If any term or provision, or portion of this Agreement is declared void or unenforceable it shall be severed and the remainder of this Agreement shall be enforceable.

IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK A COMPANY REPRESENTATIVE BEFORE SIGNING.
I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENTS AND UNDERSTAND THE SAME.
DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT & AGREEMENT.

Signature of Applicant _____

Date _____

disclosure and written authorization for a background report

I understand that _____ may obtain consumer credit reports and/or consumer reports and/or investigative consumer reports about me from a consumer reporting agency. The information contained in the report(s) may be used in whole or in part for the purpose of evaluating me for employment, promotion, reassignment or retention as an employee.

I understand the consumer reporting agency may conduct an investigation which may include the following types of information: credit information, information regarding my character, general reputation, personal characteristics, mode of living, judgments, liens, convictions, past employment problems, education verification and history, job verification and history, driving records, personal interviews with other individuals, civil records, wants and warrants, verification of references and Social Security traces.

I understand that such information may be obtained by direct or indirect contact from former employers, schools, financial institutions, landlords, and public agencies and through personal interviews with my neighbors, friends, and associates, acquaintances, or other persons who may have such knowledge and I authorize these persons/entities to provide such information and records pertaining to me to the consumer reporting agency making these inquiries pursuant to this Authorization.

I acknowledge that I have been provided a description in writing of my rights under the federal Fair Credit Reporting Act. I understand that before any adverse action is taken based on information in any report received by Gevity that I will be provided a copy of the report.

My signature below signifies that 1) I have reviewed this document carefully; 2) I understand its contents; 3) I authorize _____ to obtain the report(s) and information identified in this document from a consumer reporting agency; 4) I understand that this consent is valid for the duration of my employment with _____; and 5) a copy of this authorization is as valid as the original.

Applicant/Employee Name _____
(please print)

Other Names Used _____

Applicant/Employee Address _____

City _____ State _____ ZIP _____

Telephone _____ Social Security Number _____ - _____ - _____

Date of Birth (for identification only) ____/____/____
Mo. Day Year

If checked, please provide: Driver's License Number _____ State _____

Applicant/Employee Signature _____ Date ____/____/____