

Polk City, Florida

Application for Employment

Please Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department

Name _____ Social Security # _____
Last, First, Middle

Address _____
Street, City, State, Zip Code

Telephone _____ Mobile/Beeper _____ E-mail Address _____

Position(s) applied for _____ Date of application _____

- Walk in School
- Employee Job Fair
- Advertisement Staffing Agency
- Company' Website Government Employment Agency
- Other Internet Other

If Necessary, Best time to call you at home? _____ a.m. p.m.

May we contact you at work? Yes No
If Yes, work number and best time to call: _____ a.m. p.m.

If you are under 18 and it is required can you furnish a work permit? Yes No

If No, please explain _____

Did you place an application here before? Yes No

If yes, give date(s) and positions _____

Have you been employed here before? Yes No

If yes, give date(s) ____/____/____ to ____/____/____

Are you legally eligible for employment in this country? Yes No

Date available for work? ____/____/____

What is your desired salary range or hourly rate of pay?
\$ _____ per _____

- Type of Employment desired:
- Full-Time Part-time Seasonal
 - Educational Co-Op Temporary

Will you relocate if job requires it? Yes No

Will you travel if job requires it? Yes No

If they have been explained to you, are you able to meet the attendance requirements of the position? N/A Yes No

Will you work overtime if required? Yes No

If No, please explain: _____

Driver's license number required if driving may be required in the job for which you are applying.

State: _____

Have you ever been bonded? Yes No

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pled "guilty" or "no contest" to or been convicted of a crime? Yes No

If Yes, please provide the following information: dates/dates of conviction(s), penalty/penalties imposed, and type(s) of crime(s)

Have you ever been a defendant in a civil action for an intentional tort (e.g., a civil charge fro assault, battery intentional infliction of emotional distress, false imprisonment wrongful death, etc.) Yes No
If Yes, please provide nature of the tort and disposition of the matter (now it was resolved).

Employment History

Starting with your most recent employer, provide the following information.

Employer		Telephone # () -	Month	Year	Month	Year
Street Address		City	Dates Employed / to /			
Starting job title/final job title		Compensation Starting				
		<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$	per	
		Commission/Bonus/Other Compensation				\$
Immediate supervisor and title		Compensation Finish				
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Later	<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary
						\$
Why did you leave?						
Summarize the type of work performed and job responsibilities.						
What did you like most about your position?						
What are the things you liked about the position?						
Employer		Telephone # () -	Month	Year	Month	Year
Street Address		City	Dates Employed / to /			
Starting job title/final job title		Compensation Starting				
		<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$	per	
		Commission/Bonus/Other Compensation				\$
Immediate supervisor and title		Compensation Finish				
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Later	<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary
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		Commission/Bonus/Other Compensation				\$
Immediate supervisor and title		Compensation Finish				
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		Commission/Bonus/Other Compensation				\$
Immediate supervisor and title		Compensation Finish				
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Later	<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary
						\$
Why did you leave?						
Summarize the type of work performed and job responsibilities.						
What did you like most about your position?						
What are the things you liked about the position?						

Employment History (Continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability.

If not addressed on previous page, have you ever been fired or asked to resign from a job?

Yes No

If Yes, please explain

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing this position for which you are applying.

Computer Skills

<input type="checkbox"/> Word Processing	_____ Years	_____	<input type="checkbox"/> Internet	_____ Years	_____
<input type="checkbox"/> Spreadsheet	_____ Years	_____	<input type="checkbox"/> Other	_____ Years	_____
<input type="checkbox"/> Presentation	_____ Years	_____	<input type="checkbox"/> Other	_____ Years	_____
<input type="checkbox"/> E-Mail	_____ Years	_____	<input type="checkbox"/> Other	_____ Years	_____

Educational Background

Starting with your most recent school attended, provide the following information:

School (Include City and State)	Years Completed	Completed	GPA Class Rank	Major / Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other	<input type="checkbox"/> GED	
		<input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other	<input type="checkbox"/> GED	
		<input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other	<input type="checkbox"/> GED	
		<input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other	<input type="checkbox"/> GED	

References

List Name and telephone number of three business/work references who are not related to you and are not previous supervisors.
 three school or personal references who are not related to you.

If not applicable, list

Name	Title	Relationship To You	Telephone	Years Known

Related Information

To what job related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status

Organization	Offices Held

List special accomplishments, publications, awards, etc.

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status

In your current or prior job, have you ever written instructions or directions to be followed by employees or customers?

Yes No Not Applicable

If Yes, please explain

Is there any other job related information you want us to know about you?

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I expressly authorize without reservation, the employer, it's representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

I understand that if I am hired, my employment will be subject to a probationary period, which ordinarily will not exceed 90 days from the date I am hired. If I am discharged at any time during the probationary period for unsatisfactory performance I understand that this employer will not be charged for any unemployment benefits that may be paid to me for work I performed during the probationary period.

I also understand that if I am hired, I will be required to provide proof of 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

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employers service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant

Date