



Have you ever been convicted of, pled guilty, no contest or *nolo contendere* to a crime? \_\_\_\_ Yes \_\_\_\_ No

If yes, please give details (date, place, offense(s), disposition, etc. \_\_\_\_\_

Have you ever been charged with a crime, and either been placed on a court-ordered probation, had adjudication withheld, or entered a pre-trial intervention program? \_\_\_\_ Yes \_\_\_\_ No

If yes, please give details (date, place, offense(s), disposition, etc. \_\_\_\_\_

**PREVIOUS EMPLOYMENT:** Please list below all your employers in the last ten (10) years, beginning with your current or most recent employer (use additional pages if necessary):

Dates (Month/Year)	Employer's Name, Address & Phone #	Position and Job Duties	Salary	Reason for Leaving
From: _____ To: _____				
From: _____ To: _____				
From: _____ To: _____				
From: _____ To: _____				
From: _____ To: _____				

Did you work for any of these employers under a different name? \_\_\_\_ Yes \_\_\_\_ No

If yes, which employer and under what name(s)? \_\_\_\_\_

Please explain any significant gaps in your employment history: \_\_\_\_\_

\_\_\_\_\_

Have you ever received any written reprimands or disciplinary suspension during any previous employment? \_\_\_\_Yes \_\_\_\_No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever been discharged or asked to resign? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain (include by whom, when, and for what): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DRIVING RECORD:**

Do you have a valid Florida driver's license? \_\_\_\_ Yes \_\_\_\_ No

What class of license do you possess? \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Have you ever had your license or driving privileges revoked, suspended, or placed on probation? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain (include when, where, why, and what action was taken): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

=====

**YOU MUST PROVIDE THREE PERSONAL/CHARACTER REFERENCES FROM PEOPLE YOU HAVE KNOWN FOR AT LEAST TWO YEARS THAT ARE NOT RELATED TO YOU.**

PERSONAL REFERENCE #1: Contact Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

PERSONAL REFERENCE #2: Contact Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

PERSONAL REFERENCE #3: Contact Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

**LIST ALL PLACES OF EMPLOYMENT YOU HAVE WORKED FOR THE PAST TWO YEARS. IF YOU HAVE ONLY WORKED ONE JOB IN THE PAST TWO YEARS, PLEASE LIST AT LEAST TWO CONTACTS WHO CAN VERIFY YOUR EMPLOYMENT. (PLEASE USE BLANK AREA BELOW IF NEEDED)**

Company name/and contact: \_\_\_\_\_ Job Title: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone #: \_\_\_\_\_

Worked there from \_\_\_\_\_ to \_\_\_\_\_

Company name/and contact: \_\_\_\_\_ Job Title: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone #: \_\_\_\_\_

Worked there from \_\_\_\_\_ to \_\_\_\_\_

Company name/and contact: \_\_\_\_\_ Job Title: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone #: \_\_\_\_\_

Worked there from \_\_\_\_\_ to \_\_\_\_\_

## **EMPLOYMENT APPLICATION CERTIFICATION**

I hereby certify that all of the facts and information listed on this employment application are true and complete. I understand that any false, incomplete, or misleading information given by me on the application is sufficient cause for rejection of this application. I also understand and agree that any such false, incomplete, or misleading information discovered on this application at any time after I am employed may result in dismissal.

I hereby authorize the Company or independent contractor to investigate all statements contained in this application, to interview the references and previous employers listed in this application, and to obtain a report from a consumer reporting agency to be used for employment purposes in accordance with the Fair Credit Reporting Act. I authorize the references and previous employers listed to give the Company all facts, opinions, and evaluations concerning my previous employment and any other information they have, personal or otherwise, and release all such parties from any liability which may allegedly arise from furnishing such information to the Company, including, but not limited to, any liability for defamation of invasion of privacy.

If I am offered employment, I understand that such an offer will be conditioned upon satisfactory results of a background investigation and/or Company medical examination or inquiry, including a drug screening test. If then employed, I understand that I will be required to serve a ninety (90) day probationary period. I further understand that my employment and compensation can be terminated, with or without cause or notice, at any time, regardless of the successful completion of my probationary period, at the option of either the Company or myself. I understand that no supervisor or other representative of the Company other than the President 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.

I further understand and voluntarily agree as a condition of employment or my continued employment, that I may be requested by the Company to submit to a urinalysis or other drug screen test and that my failure to take such test(s) when requested to do so or unsatisfactory test results will disqualify me from consideration for employment, or if then employed, may result in my immediate termination.

I certify that I have read, understand, and agree to the above.

---

Signature of Applicant

---

Date