

# Employment Application

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

*City State ZIP Code*

Home Phone: ( ) Cell: ( 727 ) 623-1819 E-mail: \_\_\_\_\_

Date of Birth: Social Security No.: Desired Salary: \$

Position Applied for: Date Available:

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever been convicted of or arrested for a crime? YES ☐ NO ☐ Do you smoke or vape? YES ☐ NO ☐

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

## Education

College: Address: \_\_\_\_\_

From: To: Did you graduate? YES ☐ NO ☐ Degree: \_\_\_\_\_

College: Address: \_\_\_\_\_

From: To: Did you graduate? YES ☐ NO ☐ Degree: \_\_\_\_\_

## Military Service

Branch: From: To: \_\_\_\_\_

Rank at Discharge: Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

## References

*Please list two professional references.*

Full Name & Title: Relationship: \_\_\_\_\_

Company: Phone: ( 304 ) 479-2344

Address: \_\_\_\_\_

Full Name & Title: Relationship: \_\_\_\_\_

Company: Phone: ( )

Address: \_\_\_\_\_

# Employment Application

## Previous Employment

Company:				Phone:	( 727 ) 527-1756	
Address:				Supervisor:		
Job Title:		Starting Salary:	\$	Ending Salary:	\$	
Responsibilities:						
From:		To:		Reason for Leaving:		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Company:				Phone:	( )	
Address:				Supervisor:		
Job Title:		Starting Salary:	\$	Ending Salary:	\$	
Responsibilities:						
From:		To:		Reason for Leaving:		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Company:				Phone:	( )	
Address:				Supervisor:		
Job Title:		Starting Salary:	\$	Ending Salary:	\$	
Responsibilities:						
From:		To:		Reason for Leaving:		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Do you have any condition that would prevent you from doing your job? Yes ☐ No ☐

If yes, please explain:

## Emergency Contacts

Please list two emergency contacts.

Name:		Phone:	( 727 ) 276-5864
Name:		Phone:	( 727 ) 309-8424

## Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge. I understand that all information on this application is subject to verification and I consent to criminal history and background checks. I also consent that you may contact references, former employers, and educational institutions listed regarding this application. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: Victor Nassar Date: \_\_\_\_\_