

P. O. Box 356
Palm Harbor, FL 34682
1-800-990-6224
727-944-3670 (fax)
Sonotemps@aol.com



Application for Employment

Please Print

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

Position applied for _____ Date ____/____/____

Name _____

Last First Middle _____

Address _____

Street/Apt. City State Zip Code _____

Telephone (____) _____ Social Security Number _____

If you are under 18, can you furnish a work permit? () Yes () No

Have you ever been employed here before? () Yes () No

Are you legally authorized to work in this country? () Yes () No

Date available for work ____/____/____

Type of employment desired () Full-Time () Part-Time () Temporary

Are you able to meet the attendance requirements of the position? () Yes () No

Have you been convicted of a crime in the last (7) years? () Yes () No

Such conviction may be relevant if job-related, but does not necessarily bar you from employment.

If yes, please explain _____

Driver's license number (Only if job applied for requires use of automobile in daily tasks)

_____ State _____

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Previous Employment

Please list your last four employers, assignments or volunteer activities, starting with the most recent, including military experience.

From	To	Employer	Telephone	
Job Title		Address	City, State	Zip Code
Immediate Supervisor And Title		Brief summary of work performed and job responsibilities		
Reason for leaving		Hourly rate/salary Starting \$ _____ per _____ Ending \$ _____ per _____		
From	To	Employer	Telephone	
Job Title		Address	City, State	Zip Code
Immediate Supervisor And Title		Brief summary of work performed and job responsibilities		
Reason for leaving		Hourly rate/salary Starting \$ _____ per _____ Ending \$ _____ per _____		
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Skills and Qualifications

Summarize any training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform functions for the position which you are applying. _____

Educational Background

Name & Location	Number of Years Completed	Did You Graduate?	Course of Study
High School			
College		Major/Degree	
Other (i.e. Trade School)			

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References

Name	Telephone	Years Known



I attest to the truth and accuracy of all information I have provided on this application and it is understood and agreed that any misrepresentation by me or omissions of fact on this application will be sufficient cause for rejection of my application and/or termination of my employment, if I have become employed.

I give the company the right to investigate all references and to secure additional information about me, if job-related. I hereby release the company and its representatives from any liability for seeking such information, as well as all other persons, corporations or organizations for furnishing such information to the company.

The company is an equal opportunity employer and will not base hiring decisions on race, sex, national origin, religion, disability, age, or any other protected characteristic under applicable local, state, or federal laws. The company does not discriminate in employment and no question on this application is used or intended to be used for the purpose of limiting or excluding any applicant's consideration for employment on any basis prohibited by applicable local, state or federal law.

The company is a "Drug-Free Workplace" and it is understood that all offers of employment are conditional. The company requires all eligible applicants to participate in a pre-employment drug-testing program. An application will not be processed further unless the eligible applicant agrees to participate in the test. Failure to complete, sign and date the Consent & Release Form will disqualify me from any consideration for employment.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that the company is an "employer at-will" and that if I become employed by the company just as I will be free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the company has the authority to make any assurance to the contrary.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

Signature of Applicant _____ **Date** ____ / ____ / ____