

(904)230-2780 fax

PERSONAL INFORMATION Complete *all* applicable information

Name (Full – Last, First, MI)			Social Security Number:		
Position(s) applied for:			Are you willing to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Weekends <input type="checkbox"/> Evenings <input type="checkbox"/> Nights		
Street Address:		City	State	Zip	
Home Phone	Business Phone	Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain in space on back.			
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			When could you start employment?		
Do you currently have a valid Florida driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No (explain on back page)			Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever applied for employment with Best Fence Company? <input type="checkbox"/> Yes <input type="checkbox"/> No When? Where?			Are you available to work overtime?		

EMPLOYMENT HISTORY (List below last three employers, starting with the most recent one first)

Present or Last Position		Name of Company		From Mo/Yr	To Mo/Yr
Street Address:		City	State	Zip	
Duties:		Reason for Leaving:			
Starting Annual Salary	Final Annual Salary	Bonus	Commission	May we contact your supervisor?	
Name of Supervisor		Title and Department of Supervisor		Phone Number of Supervisor	

Next Previous Position		Name of Company		From Mo/Yr	To Mo/Yr
Street Address		City	State	Zip	
Duties:		Reason for Leaving:			
Starting Annual Salary	Final Annual Salary	Bonus	Commission		
Name of Supervisor		Title and Department of Supervisor		Phone Number of Supervisor	

Next Previous Position		Name of Company		From Mo/Yr	To Mo/Yr
Street Address		City	State	Zip	
Duties:		Reason for Leaving:			
Starting Annual Salary	Final Annual Salary	Bonus	Commission		
Name of Supervisor		Title and Department of Supervisor		Phone Number of Supervisor	

EDUCATION INFORMATION

High School or GED	Address	City	State	Degree	Subjects Studied	
College	Address	City	State	Degree	Major	GPA
Graduate School	Address	City	State	Degree	Major	GPA

GENERAL

Additional Space (if needed):

What equipment or machinery can you operate?

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

Conditions of Employment

Please read this section carefully. Sign and date the bottom.

1. I authorize the investigation of all statements contained in this application. I understand that misrepresentation or material omission of facts is cause for dismissal, whenever such falsification or omission is discovered. I authorize all my previous employers and references to furnish any information concerning my personal character, habits or employment records. I release all such persons from liability or damages incurred as a result of this inquiry and furnishing this information. I further understand that any information omitted from this application could be considered grounds for immediate termination.
2. I understand and agree that my employment is for no definite period and may be terminated by me or the Company at any time, for any reason, with or without cause or previous notice, regardless of the date of payment of my wages and salary. I also acknowledge that any offer of employment or my acceptance of any employment offer, may be withdrawn for any reason at any time, and without prior notice at the option of the Company or me. No one can create a contract of employment either expressed or implied except in writing specifically to me.
3. If employed by the Company, I will comply with all rules, regulations, and directives. I further understand that these rules and regulations may be changed, interpreted, withdrawn, or added to by the Company at any time, at the Company's sole option and without any prior notice to me.
4. In making this application for employment, I understand that a routine investigative report may be made. This inquiry includes a driver's license check and a review of my driving record. I understand that having a valid driver's license may be required for the job I am applying for. Due to insurance requirements, I further understand that if my driving record reflects suspension, revocation, excessive points, DUI, or other excessive moving violations, I may be denied employment or I may be terminated. I understand that my driving record may be reviewed at periodic intervals during my employment with the Company and failure to maintain a valid license and meet insurance requirements may be grounds for termination.

Date	Signature
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