

Application for Employment

Please answer all questions. Resumes are not accepted in lieu of completion of this application. This application was designed to be used for several types of job positions. Some questions may not be completely applicable to the job position you are seeking; however, we ask that you answer all questions.

(PLEASE PRINT)

LAST NAME	FIRST NAME	MIDDLENAME	ID #
CURRENT MAILING ADDRESS			TELEPHONE NUMBER
PREVIOUS ADDRESS			
POSITION (S) APPLYING FOR:			

How long have you been a resident in the State of Florida? _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

Have you ever been employed with us before? (If yes, give dates of employment) _____ Yes No

Are you now employed? Yes No

May we contact your present and previous Employers? Yes No

Please identify any exceptions and reasons for not contacting your employers:

Only U.S. citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, submit documentation verifying your legal right to work in the U.S. and your identity? Yes No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Night Shift Temporary?

Will you work overtime if asked? Yes No

Are there any hours, shifts or days you will not work? *If yes, explain:* _____ Yes No

Do you have transportation to work? Yes No

Have you been convicted or found guilty of violating any federal, state, or municipal law, other than a minor traffic violation? Yes No

If yes, please explain: _____

In order to permit a check of your work and educational records, should we be made aware of any change of name or assumed name that you previously used? Yes No

If yes, identify names and relevant dates _____



An Equal Opportunity Employer

Office of Human Resources, 421 N. Woodland Blvd., Unit 8327, Deland, FL 32723
(386) 822-8710/fax (386) 822-7562

Employment Experience

Account for all time periods *including* **unemployment, self employment, and military service.** List most recent job first. Attach separate paper (s) if necessary.

1.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number (s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
Reason for leaving					
2.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number (s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
Reason for leaving					
3.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number (s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
Reason for leaving					

Have you ever been dismissed or forced to resign from any employment? Yes No
If yes, explain _____

Are you currently on "Lay-Off" status and subject to recall? Yes No

Military

Are you a veteran of the U.S. Military Service? Yes No

If yes, what branch of service? _____

Beginning date and ending date of active duty: From _____ To: _____

Rank _____ Mo./Yr. _____ Mo./Yr.

Date of Discharge from Military Service: _____

Education

School Name and Location	Elementary School					High School				Undergraduate College/ University				Graduate/ Professional			
	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Years Completed																	
Diploma/Degree																	
Describe Course of Study																	
Describe any specialized training, apprenticeship, skills,, and extra-curricular activities																	
Describe any honors you have received																	

References

Give **name, address, and telephone number** of three references who are not related to you and are not previous employers.

- _____
- _____
- _____

Do you have any friends or relatives who work at Stetson?

Yes No

If yes, list below and state their relationship to you.

Name: _____

Relationship _____

Name: _____

Relationship _____

Name: _____

Relationship _____

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

List professional, trade, business, or civic activities and office held.

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status.

NOTICE TO APPLICANTS: This employer complies with the Americans with Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination. All information will be kept confidential and in separate files.

APPLICANT'S STATEMENT

In processing your application for employment, a consumer report may be ordered. I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all matters contained in this application and hereby give the Employer permission to contact schools, previous employees, references, and others, and hereby release the Employer from any liability as a result of such contact. I understand that misrepresentations, omissions of facts or incomplete information requested in this application may remove me from further consideration for employment. In addition, if employed, any misrepresentations or omissions (facts called for in this application) will be cause for dismissal at any time without any previous notice.

Applicants accepted for employment should clearly understand that while we make every effort to provide steady, continuous work, we have no employment contracts, and we cannot guarantee the permanence of any position. Job tenure can be affected by many factors including business/economic conditions, changes in laws or employee policies, conformity to our work rules, job performance, etc. And of course, employees may elect to leave on their own accord to seek other jobs.

I understand that my employment with the Employer is for no specific term and may be terminated by me or the Employer with or without notice or cause at any time. I further understand that no oral promise, Employer policy, custom, business practice or other procedure (including the Employer's Personnel Handbook or any personnel manuals) constitutes an employment contract or modification of the at-will employment relationship between me and the Employer.

The contents of employee handbook or personnel manuals, as well as other Employer policies and practices, are subject to change or modification by the Employer, solely at its discretion, without notice. I also understand that no supervisor or other official of the Employer (except its Chief Executive Officer, in writing) has the authority to enter into any agreement with me or to make any agreement contrary to the foregoing.

We conduct our business with the highest possible degree of safety and efficiency. Because of this, the Employer may require applicants for employment to undergo blood and/or urinalysis screening for drug or alcohol use as part of our pre-placement physical examination. In addition, all employees of the Employer are subject to blood tests or urinalysis screening for drug or alcohol use.

This application will remain active for ninety (90) days. Any applicant wishing to be considered for employment beyond ninety (90) days should reapply.

Signature _____
Date _____

This Employer is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, age, sex, religion, national origin, handicap or marital status. We assure you that your opportunity for employment with this Employer depends solely upon your qualifications.