



2300 SOUTH DIVISION AVE ORLANDO, FLORIDA 32805
 PHONE (407)-849-6440 OR 1-800-226-6440
 FAX (407)-423-0235

APPLICATION FOR EMPLOYMENT

As an Equal Opportunity Employer, applicants for all positions are considered without regard to: sex/gender, race/national origin, disability (physical/mental), religion, age, sexual orientation, marital/pregnancy/veteran status nor any other federally protected status.

(Please Print)

Position(s) Applied For	Date of Application
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Last Name	First Name	MI
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Address	<i>Number</i>	<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
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Telephone Number	Driver's License Number and State	Social Security Number
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Best time to contact you at home is: _____	Circle One
Do any of your friends or relatives, other than spouse, work for this company?	YES NO
If yes, please state name, relationship and location _____	
Are you currently employed?	YES NO
If yes, may we contact your present employer?	YES NO
Upon hire, are you able to provide documentation verifying your eligibility to work in the U.S.?	YES NO
Date Available for work ____/____/____	Desired Salary Range _____
Can you travel if a job requires it?	YES NO

Jacksonville
 1881 Pickettville Rd
 Jacksonville, FL 32220
 (904)-783-9822
 Fax: (904)-783-9830

North Orlando
 4900 N Orange Blossom Trail
 Orlando, FL 32810
 (407)-295-9777
 Fax: (407)-295-9727

Daytona Beach
 739 Fentress Blvd
 Daytona Beach, FL 32114
 (386)-254-7207
 Fax: (386)-274-0234

Ocala
 5221 Highway 40 W.
 Ocala, FL 34482
 (352)-732-8151
 Fax: (352)-622-3950

Palm Bay
 1875 Robert J. Conlan Blvd
 Palm Bay, FL 32905
 (321)-984-2899
 Fax: (321)-728-7375

EDUCATION

<i>Name</i>	<i>Years Attended</i>	<i>Area of Focus</i>	<i>Graduation/Degree</i>
High School			
Undergraduate/College			
Graduate/Professional			
Other (Specify)			

WORK EXPERIENCE

Begin with your present or most recent employment, include any job related military service and volunteer activities.

Employer			
Address & Telephone			
Supervisor			
Starting/Present Job Title		Date of Hire	Termination
Reason for Leaving		May we Contact?	Yes No

Employer			
Address & Telephone			
Supervisor			
Starting/Present Job Title		Date of Hire	Termination
Reason for Leaving		May we Contact?	Yes No

Employer			
Address & Telephone			
Supervisor			
Starting/Present Job Title		Date of Hire	Termination
Reason for Leaving		May we Contact?	Yes No

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

Any other professional, trade, business or civic activities and offices held.

ADDITIONAL INFORMATION

Other Qualifications/Comments

SPECIALIZED SKILLS (SKILLS/EQUIPMENT OPERATED)

_____ Terminal	_____ Spreadsheet	Production/Mobile Machinery	Other
_____ Microsoft Office	_____ Word processing	_____	_____
_____ Typewriter	_____ Shorthand	_____	_____
_____ WPM		_____	_____

Any additional information you feel may be helpful to us in considering your application

DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied?

A review of the activities involved in such a job or occupation has been given. _____ Yes _____ No

EMPLOYMENT RELEASE FORM

Designated Party:

I hereby authorize your company or any agent of your company, to contact any of my references, previous employers/companies, credit bureaus/corporations, law enforcement agencies, persons and educational agencies to supply any information concerning my background and criminal history.

I also hereby release any of the above parties from any liability and responsibility arising from their release of information in the event that information from the report is utilized in whole or in part with regards to an adverse decision as it relates to my potential employment. Before making the adverse decision, upon request, we will provide you with a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act.

The Fair Credit reporting Act gives you specific rights in detailing with consumer reporting agencies. You will be given a summary of these rights together with this document upon request.

By your signature below, you hereby authorize us to obtain a consumer report and/or an investigative report about you to consider you for employment.

Applicant's Name: _____

Applicant's Address: _____

City/State/Zip: _____

Social Security Number: _____

Date of Birth: _____/_____/_____

Race: _____

Sex: _____

Applicant Signature: _____

Date: _____/_____/_____

INTERNATIONAL

TM

