



EMPLOYMENT APPLICATION

6500 NW 37th AVE
MIAMI, FL 33147

P.O. BOX 133367
HIALEAH, FL 33013

P: (305) 691-5000
F: (305) 696-6810

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, martial or veteran status, sexual orientation, or any other legally protected status.

PLEASE PRINT AND SUBMIT FULLY COMPLETED FORM TO ATTENTION: HUMAN RESOURCES DEPARTMENT

Position Applied For:	Date of Application:
How did you learn about us? <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Friend <input type="checkbox"/> Walk - In <input type="checkbox"/> Internet Ad <input type="checkbox"/> Relative <input type="checkbox"/> Other _____ <input type="checkbox"/> Employment Agency	

Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Telephone Number(s)		Social Security Number

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

If yes, give date _____

Have you ever been employed with us before? Yes No

If yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? 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 Shift Work Temporary

Are you currently on "lay - off" status and subject to recall? Yes No



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Can you travel if a job requires it? Yes No
 Have you been convicted of a felony within the last 7 years? Yes No
 (Conviction will not necessarily disqualify an applicant from employment.)
 If yes, please explain _____

EDUCATION

	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DIPLOMA DEGREE
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and / or write			
	Fluent	Good	Fair
Speak			
Read			
Write			



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

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

ADDITIONAL INFORMATION

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

Special Skills

Check Skills/Equipment Operated:			
<input type="checkbox"/> Desktop	<input type="checkbox"/> FAX	Production/Mobile	Other (list):
<input type="checkbox"/> Laptop	<input type="checkbox"/> Windows	_____	_____
<input type="checkbox"/> Calculator	<input type="checkbox"/> PBX System	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Microsoft Office	_____	_____
<input type="checkbox"/> Other		_____	_____
		_____	_____



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State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: 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 description of the activities involved in such a job or occupation is attached.

Yes No

REFERENCES

1.	_____ (_____) _____				
	(Name)			Phone #	
	_____	(Address)			
2.	_____ (_____) _____				
	(Name)			Phone #	
	_____	(Address)			
3.	_____ (_____) _____				
	(Name)			Phone #	
	_____	(Address)			



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EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1. Employer		<u>Date Employed</u> From To		Work Performed
Address				
Telephone Number(s)		<u>Hourly Rate/Salary</u> Starting Finish		
Job Title	Supervisor			
Reason for leaving				
2. Employer		<u>Date Employed</u> From To		Work Performed
Address				
Telephone Number(s)		<u>Hourly Rate/Salary</u> Starting Finish		
Job Title	Supervisor			
Reason for leaving				
3. Employer		<u>Date Employed</u> From To		Work Performed
Address				
Telephone Number(s)		<u>Hourly Rate/Salary</u> Starting Finish		
Job Title	Supervisor			
Reason for leaving				
4. Employer		<u>Date Employed</u> From To		Work Performed
Address				
Telephone Number(s)		<u>Hourly Rate/Salary</u> Starting Finish		
Job Title	Supervisor			
Reason for leaving				



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APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period not to exceed 45 days. Any applicant wishing to be considered for employment beyond this period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge employee at any time with or without cause. It is further, understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

Signature of Applicant

Date



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FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

_____ Interviewer _____ Date

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By _____
Name and Title Date

Notes:

Position(s) applied for is open: Yes No

Position(s) considered for: _____

Date _____

Notes:
