

For Official Use On	The second	1 Have	
Date Received:	, 20		
Reviewed by:		· · · · · · · · · · · · · · · · · · ·	
Comments:			
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## EMPLOYMENT APPLICATION

Florida Hot Tub Mover provides equal employment opportunity to all qualified persons, and does not unlawfully discriminate against any person on the basis of race, color, creed, religion, sex, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

## Please -

- Complete <u>all</u> items on the application, even if the information is included on your resume or other document submitted by you.
- Sign and date your application.
- Specify the exact title of the position in which you are interested.
- Type or print all requested information.
- If necessary, attach additional  $8 \frac{1}{2}$  " x 11" sheets of paper to this application.

## Position Applying For:\_\_\_\_\_

	Personal Information				
1. Name (Last, First Middle)	3. Social Security #	6. Driver's License (State/No.)			
2. Address (Street)	4. Telephone Number	7. Alternate Telephone ( ) -			
Address (City, State, Zip Code)	5. Email Address				
General Information					
Are you legally eligible for work in the U.S.A.? (if yes, verification will be required)		🗆 Yes 🗆 No			
Have you ever applied to or worked for F If so, when?	□ Yes □ No				
Are any of your relatives currently workir If so, please list name and department, i	□ Yes □ No				
Have you ever been convicted of a felony? If yes, please explain.		□ Yes □ No			

	Employmen	t Request			
Minimum Salary Requested: \$					
What is the earliest date you can begin wo	ork?				
How did you hear about this position?	Newspaper Classif	ied 🛛 Comj	pany Website 🛛 Other_		
*p)	Employmer lease begin with mos	t recent emplo			
May we contact your current employer?	□Yes □No	□ Not Ap	plicable		
Employer:	Dates of Employment:	Pay or salary	Position: Duties:	Reason for Leaving:	
Address:	_	Start: Final:			
Supervisor:	_ to				
Telephone: ( )					
Employer:	Dates of Employment:	Pay or salary	Position: Duties:	Reason for Leaving:	
Address:	_	Start:			
	_ to	Final:			
Supervisor:					
Telephone: ( )					
Employer:	Dates of Employment:	Pay or salary	Position: Duties:	Reason for Leaving:	
Address:	/	Start:			
	to	Final:			
Supervisor:	/	rillal.			
Telephone: ( )					
	Educa				
School Name	Locat	ion	Course of Study	Degree Obtained	
High School/GED					
College/University					
Graduate School					
Vocational / Specialized					

**Employment** Application

Military						
Military Service:  Ves	□ No	Branch:				
Specialized Training:						
References						
Name	Company	Title	Contact Information			

## Signature / Certification

I certify that the facts set forth in this application are true, complete, and correct to the best of my knowledge. I understand that any misrepresentations, falsifications, or omissions on this application can be grounds for rejection of my application or, if I am employed by this company, for my immediate termination from employment. I authorize Florida Hot Tub Mover to make any necessary inquiries and investigations into my education, military, or employment history. I further authorize, unless otherwise indicated on this application, the release of my information to Sebastian Moving and More by any of the schools, services, or employers listed on this application.

Signature:

Date:

**Employment** Application