

LAPARKAN

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer A Drug-Free Workplace

Position(s) Applied for _____ Full Time
Name _____ Social Sec. No. LEAVE THIS BLANK Part Time
Street _____ City _____ Zip _____ Shift Work
Home Phone (____) _____ Bus. Phone (____) _____ Email address _____

Have you filed an application here before? Yes No Have you ever been employed here before? Yes No
Are you on lay off and subject to recall? Yes No Can you travel if job requires it? Yes No
Date available for work _____ What is your desired salary range? _____

If you are under 18, and it is required, can you furnish a work permit? Yes No

If no, please explain: _____

Are you legally eligible for employment in this country? Yes No

Are you able to meet the attendance requirements of the position? Yes No

Will you work overtime? Yes No

How were you referred? _____

List names of your friends or relatives, other than your spouse, who work here _____

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime?

(Conviction information will not necessarily exclude you from a position unless it's job related.) Yes No

Explain _____

EDUCATION

HIGH SCHOOL

Name _____ Years Completed 1 2 3 4

Address _____ Diploma? Yes No

COLLEGE

Name _____ Years Completed 1 2 3 4

Address _____ Diploma? Yes No

GRADUATE

Name _____ Years Completed 1 2 3 4

Address _____ Diploma? Yes No

TECHNICAL OR SPECIAL TRAINING

Describe: _____

Do you have experience in the following areas:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Internet | <input type="checkbox"/> MS Word | <input type="checkbox"/> MS Excel | <input type="checkbox"/> MS PowerPoint |
| <input type="checkbox"/> IBM / PC | <input type="checkbox"/> Other Word Processing System | <input type="checkbox"/> Other Spreadsheet System | <input type="checkbox"/> Other Presentation Application |
| <input type="checkbox"/> MS Office / Windows | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Other computer software, specialized equipment, and/or business machines you have operated _____

EMPLOYMENT EXPERIENCE

List each job held. Start with your present or most recent job.

Employer 1		Employed	Supervisor's Name/Job Title: _____
Address		From _____ Mo./Yr.	May we contact: Yes No
Telephone		To _____ Mo./Yr.	
Your Salary		Duties:	
\$ <u>Start</u>	\$ <u>End</u>		

Reason for Leaving: _____

Employer 2		Employed	Supervisor's Name/Job Title: _____
Address		From _____ Mo./Yr.	May we contact: Yes No
Telephone		To _____ Mo./Yr.	
Your Salary		Duties:	
\$ <u>Start</u>	\$ <u>End</u>		

Reason for Leaving: _____

Employer 3		Employed	Supervisor's Name/Job Title: _____
Address		From _____ Mo./Yr.	May we contact: Yes No
Telephone		To _____ Mo./Yr.	
Your Salary		Duties:	
\$ <u>Start</u>	\$ <u>End</u>		

Reason for Leaving: _____

Employer 4		Employed From _____ Mo./Yr. To _____ Mo./Yr.	Supervisor's Name/Job Title: _____	
Address			_____	
Telephone			May we contact: Yes No	
		Your Job Title: _____		
Your Salary		Duties:		
Start	End			
\$	\$			

Reason for Leaving: _____

If unemployed at any time, please describe reasons for unemployment. _____

Have you ever been discharged or forced to resign for misconduct or unsatisfactory performance? Yes No

If yes, please give details _____

Membership in Organization/Professional groups which, in your opinion, have a direct bearing on the position you are seeking. _____

Give any additional information which you feel may be helpful to us in considering your application. _____

PLEASE READ AND SIGN STATEMENTS BELOW

I understand that, in accordance with Florida Statute 443.131(3)(a)(2) if hired, I will be placed on a 180-day probationary period. I further understand that if I am terminated for unsatisfactory work performance within the 180-day probationary period, the employer may seek to contest any unemployment benefit I might attempt to obtain as a result of my termination. _____ (initials).

I understand and agree that all policies, procedures, and the Employee Handbook may be modified, amended, or deleted by the Company with or without notice to me of such amendment, modification or deletion, that the policies and procedures are not intended to be a contract of employment nor do they give me any right of continued employment; and that my employment may be terminated at my option or at the option of this Company with or without notice by either party. I also understand that there are no other arrangements, agreements, or understanding regarding the terms of employment. There may be no amendments or exceptions to this statement unless they are in writing. _____ (initials).

I certify that all information given on this employment application, any resume that I submit to the Company, and any related employment papers and answers given during oral interviews are true and correct. I understand that this Company may make a thorough investigation of my work and personal history. I authorize the giving and receiving of any such information requested by this Company during the course of such an investigation. I understand that if any information I have submitted is discovered to be false, I may be disqualified for employment and, if already employed, I may be subject to immediate dismissal. I hereby release from liability all persons who provide information to my employer during the course of any such investigation. _____ (initials).

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporation or organizations for furnishing such information about me _____ (initials).

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application _____ (initials)..

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard _____ (initials)..

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing statement.

Date: _____ Signature: _____

LAPARKAN

Fax:305.696.0958