

# Application for Employment

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.



1300 E. International Speedway Blvd.  
Deland, FL 32724  
(386) 738-2224

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First Middle - -  
Address: \_\_\_\_\_  
Street City State Zip Code  
Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Email Address: \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_ Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_

### Referral Source (Please check the appropriate category and name the source)

- |   |   |
|---|---|
| <input type="checkbox"/> Walk-in                      | <input type="checkbox"/> School                       |
| <input type="checkbox"/> Employee                     | <input type="checkbox"/> Job Fair                     |
| <input type="checkbox"/> Advertisement                | <input type="checkbox"/> Staffing Agency              |
| <input type="checkbox"/> Performance Design's Website | <input type="checkbox"/> Government Employment Agency |
| <input type="checkbox"/> Other Internet               | <input type="checkbox"/> Other                        |

If necessary, best time to call you at home is: \_\_\_\_\_  
May we contact you at work?  Yes  No  
If yes, work number and best time to call: \_\_\_\_\_ AM  
( ) - : \_\_\_\_\_ PM

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

If no, please explain: \_\_\_\_\_

Have you ever submitted an application here before?  Yes  No

If yes, give date(s) and position(s) \_\_\_\_\_

Have you ever been employed here before:  Yes  No

If yes, give date(s) From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Date available for work: \_\_\_\_/\_\_\_\_/\_\_\_\_

What is your desired salary range or hourly rate of pay?

\$ \_\_\_\_\_ per \_\_\_\_\_

Types of employment desired:

- |                                    |  |                                    |
|------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Full-Time | <input type="checkbox"/> Seasonal          | <input type="checkbox"/> Temporary |
| <input type="checkbox"/> Part-Time | <input type="checkbox"/> Educational Co-Op |                                    |

Will you relocate if job requires it?  Yes  No

Will you travel if job requires it?  Yes  No

If they have been explained to you, are you able to meet the attendance requirements of the position?  Yes  No

Will you work overtime if required?  Yes  No

If no, please explain: \_\_\_\_\_

Are you flexible to work 1<sup>st</sup> or 2<sup>nd</sup> shift?  Yes  No

If no, please explain: \_\_\_\_\_

Driver's license number required if driving may be required in the job for which you are applying:  
# \_\_\_\_\_ State \_\_\_\_\_

Have you ever been bonded?  Yes  No

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

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

If yes, please provide date(s) and details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Employment History

Starting with your most recent employer, provide the following information.

Employer:	Telephone #	Dates employed From: / To: /
Address: _____ _____	Supervisor: _____ Job Title: _____	Compensation (Starting)
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
		Compensation (Final)
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
Reason for leaving:		
Summarize the type of work performed and responsibilities:		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
What did you like most about your position?		
What were the things you liked least about the position?		
Employer:	Telephone #	Dates employed From: / To: /
Address: _____ _____	Supervisor: _____ Job Title: _____	Compensation (Starting)
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
		Compensation (Final)
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
Reason for leaving:		
Summarize the type of work performed and responsibilities:		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
What did you like most about your position?		
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Employer:	Telephone #	Dates employed From: / To: /
Address: _____ _____	Supervisor: _____ Job Title: _____	Compensation (Starting)
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
		Compensation (Final)
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
Reason for leaving:		
Summarize the type of work performed and responsibilities:		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
What did you like most about your position?		
What were the things you liked least about the position?		
Employer:	Telephone #	Dates employed From: / To: /
Address: _____ _____	Supervisor: _____ Job Title: _____	Compensation (Starting)
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
		Compensation (Final)
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
Reason for leaving:		
Summarize the type of work performed and responsibilities:		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
What did you like most about your position?		
What were the things you liked least about the position?		

**Employment History (continued)**

Explain any gaps in your employment, other than those due to personal illness, injury or disability:

If not addressed on previous page, have you ever been fired or asked to resign from a job?

Yes  No

If yes, please explain:

**Skills and Qualifications**

Summarize any special training, skills, licenses and/or certificated that may assist you in performing the position for which you are applying.

**Computer Skills** (Check appropriate boxes. Include version and years of experience)

<input type="checkbox"/> MS Word _____	Years: _____	<input type="checkbox"/> Internet	Years: _____
<input type="checkbox"/> MS Excel _____	Years: _____	<input type="checkbox"/> Access	Years: _____
<input type="checkbox"/> Power Point _____	Years: _____	<input type="checkbox"/> Windows _____	Years: _____
<input type="checkbox"/> MS Outlook	Years: _____	<input type="checkbox"/> Other	Years: _____

**Educational Background**

Starting with your most recent school attended, provide the following information.

School (include City & state)	Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

**References**

List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Title	Relationship to You	Telephone	Number of Years Known

Related Information

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

Organization

Table with 2 columns and 3 rows for organization details.

List Special accomplishments, publication, awards, etc.

In your current or a prior job, have you ever written instructions or directions to be followed by employees or customers?

Yes No Not Applicable

If yes, please explain:

Is there any other job-related information you want us to know about you?

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

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 truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

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

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

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

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, of (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

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

Signature of Applicant

Date / /

Name:

LAST

FIRST

MI

Phone #

Position Applied For