



## APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to non discrimination in employment on the basis of race, color, age, religion, sex, national origin, handicap, disability or marital status.

1000 Vicar's Landing Way  
Ponte Vedra Beach, FL  
32082

Date: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Name: \_\_\_\_\_ Are you 18  
Last First Middle Years or Older?  Yes  No

Present Address: \_\_\_\_\_  
Street City State Zip

Previous address: \_\_\_\_\_  
(If less than 5 years @ present address) Street City State Zip  
at present address

Phone No.: ( ) \_\_\_\_\_ Referred by: \_\_\_\_\_

If related to anyone who works for the Company,  
State Name, Department and Location: \_\_\_\_\_

In Case of Emergency, Please Notify: \_\_\_\_\_  
Name Address Telephone Number

## EMPLOYMENT DESIRED

Position: \_\_\_\_\_ Date You Can Start: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Are you Employed Now?  Yes  No May we inquire of your present employer:  Yes  No

Ever applied to this Company before?  Yes  No Where? \_\_\_\_\_ When? \_\_\_\_\_

Are there any days, shifts or hours you will not work? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

## EDUCATION

	Name and Location of School	Degree/Certificate	Subjects Studied	Grade Average
<b>Grammar School:</b>		N/A	N/A	N/A
<b>High School:</b>				
<b>College:</b>				
<b>Trade, Business or Correspondence School:</b>				
<b>Other (including graduate school):</b>				

**NOTE:** Convictions are not necessarily a disqualifier of employment; however, failure to provide complete and accurate information in response to the following questions will result in denial or termination of employment, whenever discovered. In considering your conviction record, we will consider job-related factors including but limited to the date and nature of the offense.

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

If yes, give details (date, place, offense(s), penalty imposed, disposition, etc.): \_\_\_\_\_

Have you ever been charged with a crime and either been placed on a court-ordered probation, had adjudication withheld, or entered a pre-trial intervention program?  Yes  No

If yes, give details (date, place, offense(s), disposition, etc.): \_\_\_\_\_

Have you ever been a defendant in a civil action for intentional tort(s) (e.g. assault, battery, intentional infliction of emotional distress), or an unlawful employment practice (e.g. sexual or racial harassment)?  Yes  No

If yes, identify the alleged intentional tort(s) and/or unlawful employment practice(s), the disposition of the action, and the date of the disposition. \_\_\_\_\_

**PREVIOUS EMPLOYMENT:** List below sequentially ALL of your employers beginning with your current or most recent employer (use additional pages, if necessary). **DO NOT WRITE "SEE RESUME". THIS SECTION MUST BE COMPLETED.**

Date Month and Year	Name, Address and Telephone # of Employer	Position and Job Duties	Salary	Reason for Leaving
From: To:				
From: To:				
From: To:				
From: To:				

Did you work for any of these employers under a different name:  Yes  No

If yes, which employer(s) and under what name(s)? \_\_\_\_\_

Please explain any gaps in your employment history: \_\_\_\_\_

Have you received any written reprimands or disciplinary suspensions during any previous employment?  Yes  No

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been discharged or asked to resign?  Yes  No

If yes, please explain (include by whom, when and for what): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**DRIVING RECORD:** (complete only if probability of driving a Company vehicle or on Company business exists for the position in which you are applying):

Do you have a valid driver's license?  Yes  No What class of license do you possess? \_\_\_\_\_

Have you ever had your license or driving privileges revoked, suspended, or placed on probation?  Yes  No

If yes, please explain (include when, where and what action was taken): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How many speeding or other moving violations have you received in the last three (3) years? \_\_\_\_\_

List below all traffic violations (except parking) on your record for the last five (5) years and all motor vehicle accidents in which you were involved (use additional pages if necessary).

Date	Location	Description	Result

**REFERENCES:** Give below the names of three persons not related to you, whom you have known at least one year.

Name	Address & Phone Number	Business	Years Acquainted
	Phone Number: _____		
	Phone Number: _____		
	Phone Number: _____		

## EMPLOYMENT APPLICATION CERTIFICATION

I hereby certify that all of the facts and information listed on this employment application are true and complete. I understand that any false, incomplete or misleading information given by me on this application is sufficient cause for rejection of this application. I also understand and agree that any such false, incomplete, or misleading information discovered on this application at any time after I am employed may result in my dismissal.

I hereby authorize the Company to investigate all statements contained in this application and to interview the references and previous employers listed in this application. I authorize the references and previous employers listed to give the Company all facts, opinions and evaluations concerning my previous employment and any other information they may have, personal or otherwise, and release all such parties from any liability which may allegedly arise from furnishing such information to the Company, including, but not limited to, any liability for defamation or invasion of privacy. I also authorize the Company to conduct and/or obtain a criminal records check and to obtain any available driving record from the Department of Motor Vehicles.

If I am offered employment, I understand that such an offer will be conditioned upon satisfactory results of a background investigation and/or Company medical examination or inquiry, including a drug screen test. If then employed, I understand that I will be required to serve a ninety (90) day probationary period. I further understand that my employment and compensation can be terminated, with or without cause or notice, at any time, regardless of the successful completion of my probationary period, at the option of either the Company or myself. I understand that no supervisor or other representative of the Company other than the President of the Company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. I also understand that any agreement by the President would be in writing.

I further understand and voluntarily agree as a condition of employment or my continued employment that I may be requested by the Company to submit to a urinalysis or other drug screen test, and that my failure to take such test(s) when requested to do so or unsatisfactory test results will disqualify me from consideration for employment, or if I am then employed, may result in my immediate dismissal.

I certify that I have read, understand and agree with the above.

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Date

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Signature of Applicant