



Date _____

EMPLOYMENT APPLICATION

Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or in the presence of a non-related medical condition or handicap.

Last Name _____ First Name _____ Middle _____

Address _____

City _____ State _____ Zip _____ Social Security # _____

Phone # _____ Alternative Phone # _____

Emergency Phone # _____ Contact Person _____

Email _____ Drivers License/ID # _____ Exp _____

DOB _____ Are you a citizen of the United States of America? Yes No

Do you have your own transportation? Yes No Referral Source? _____

Have you even been convicted of a Felony? Yes No Explain _____

Are you currently on Probation? Yes No No Terms of Probation _____

Start Date _____ Full time Part time Shift Required? 1st 2nd 3rd

EMPLOYMENT EXPERIENCE; Start with your present job or most recent position.

Employer 1 _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Skills _____

Supervisor _____ Reason for leaving _____

Dates of Employment: From _____ To _____ Salary or Hourly rate _____

Employer 2 _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Skills _____

Supervisor _____ Reason for leaving _____

Dates of Employment: From _____ To _____ Salary or Hourly rate _____

Employer 3 _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Skills _____

Supervisor _____ Reason for leaving _____

Dates of Employment: From _____ To _____ Salary or Hourly rate _____

EDUCATION

Schools/Colleges Attended:

Years Year Grad. Degree

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REFERENCES

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

Name	Address	Phone	Years Acquainted
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

I CERTIFY that answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given on my application or interview may result in termination.

I understand that if I quit, walk off or get fired from a job as the result of an incident over which I had control (example: sleeping on the job) my last paycheck will be dropped to minimum wage.

I also understand that if a social security background check is required to be run and it comes back with information different then I have relayed and prevents me from continuing my employment, a charge of \$30.00 will be deducted from my last paycheck.

Staff Builders HR, LLC requires that all injured employees requiring the care of a doctor, clinic or hospital ,shall submit to a drug screen test pursuant to the State of Florida Workers Compensation Statutes. Refusal by the injured employee to accept medical treatment as directed by Staff Builders HR LLCs’ Supervisors and /or Safety Department and refusal to submit to the corresponding drug screen test shall render all future Workers Compensation claims null and void pertaining to the injury.

I have received a copy of the employee handbook and agree to the terms and conditions of my employment with Staff Builders HR.

X _____ Date _____
Employee Signature