



**FLORIDA
PAINTS**

Application for Employment Florida Paints

Rev. 08/2017

Qualified applicants receive equal consideration. No question is asked for the purpose of excluding any applicant due to race, color, national origin, religion, age, sex, disability, veteran status, or any other characteristic protected under local, state or federal law. WE ARE AN EQUAL OPPORTUNITY EMPLOYER. It is important that you complete all parts of the application and enter N/A if it does not apply to you.

Name _____

(Last, First, Middle Initial)

Street Address _____

City _____ State _____ Zip _____

Telephone _____ Social Security # _____

If under 18, please list age _____ Email _____

Type of work for which you wish to be considered _____

I am seeking ___ Full-time ___ Part-time Date Available _____

Have you ever been employed by Florida Paints in the past? ___ Yes ___ No If yes, where? _____

I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States. ___ Yes ___ No

Note: you will be required to furnish documents to verify your eligibility for employment in accordance with the Immigration Reform and Control Act and your employment is contingent upon furnishing such documents.

Did you serve in the United States Armed Forces? ___ Yes ___ No

If yes, briefly describe the skills you acquired:

Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony? ___ Yes ___ No

If Yes, please explain (attach additional page if necessary):

What source led you to make application with us? _____

Do you have a valid Driver's License? ___ Yes ___ No Driver's License # _____

Have you had any accidents during the past three years? ___ How many? ___

Have you had any moving violations during the past three years? ___ How many? ___

Employment History

Please list your complete employment history. List present or most recent employer first. Use an additional page, if necessary.

Employer #1	Name of Last Supervisor	Hours/Week
Address	Start Date (mo/yr)	Starting Salary
City, State, Zip	End Date (mo/yr)	Final Salary
Your Last Job Title	Phone Number	Reason for Leaving
Description of Duties Performed		
May we contact this employer? ___ Yes ___ No		
Employer #2	Name of Last Supervisor	Hours/Week
Address	Start Date (mo/yr)	Starting Salary
City, State, Zip	End Date (mo/yr)	Final Salary
Your Last Job Title	Phone Number	Reason for Leaving
Description of Duties Performed		
May we contact this employer? ___ Yes ___ No		
Employer #3	Name of Last Supervisor	Hours/Week
Address	Start Date (mo/yr)	Starting Salary
City, State, Zip	End Date (mo/yr)	Final Salary
Your Last Job Title	Phone Number	Reason for Leaving
Description of Duties Performed		
May we contact this employer? ___ Yes ___ No		

Education

Schools	Name/Location	Circle Last Yr. Completed	Major Courses	Diploma/Degree/ Certification
High School		7 8 9 10 11 12		
College		1 2 3 4 more		
Business or Trade School		Months Attended____		
Other/Certifications				

If you are an experienced operator of any office machines or equipment, please list:

References

Please provide three work related references, preferably past supervisors.

Name	Phone Number	Years Known

I certify that the answers given by me to the foregoing questions and statements are true and correct to the best of my knowledge without consequential omissions of any kind. I agree that the Company shall not be held liable in any respect if my employment is rejected or subsequently terminated because of false statements, answers or omissions made by me in this application. I understand that any misleading or incorrect statements may render this application void, and if employed, may lead to employment termination. I understand that a medical examination based on the requirements of the position for which I am being considered may be required, and drug testing may be included as part of the regular pre-employment physical. I also voluntarily and knowingly authorize the companies, schools or persons named above to give any information requested regarding my former employment, character and qualifications. I hereby voluntarily and knowingly fully release and discharge, absolve, indemnify, and hold harmless said companies, schools or persons from any and all liability for any damages for issuing this information, except for the malicious and willful disclosure of derogatory facts concerning my employment made for the express purpose of preventing me from obtaining employment, which the party disclosing such facts knows to be untrue. In consideration of my employment, I agree to conform to the rules and regulations of this organization. My employment and compensation can be terminated with or without cause and with or without notice, at any time, at the option of either my employer or myself.

Signature_____ Date_____

Print Name_____