



505 Glen Cheek Drive, Cape Canaveral FL 32920

Phone: 321-453-3474 Fax: 321-799-4815

DATE: _____ Social Security No.: _____

Last Name: _____ First: _____ Middle: _____

Home Phone: _____ Cell Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

EMPLOYMENT DESIRED:

Position: _____ Date you can start: _____ Salary Desired: _____

Are You Employed Now: YES NO

If So, May We Inquire Of Your Present Employer? YES NO

Are You Legally Authorized To Work in The US? YES NO

Have You Ever Applied To This Company Before? YES NO Where: _____

EDUCATION:

	Name and Location	Years	Did you Graduate	Subjects Studied
High School				
College				
Trade, Business Or Other				

GENERAL INFORMATION:

Subject of Special Study/Research Work:

Special Training:

Special Skills:

US Military or Naval Service:

Rank:

FORMER EMPLOYERS:

Month and Year	Name, Address & Phone of Employer	Salary	Position	Reason for Leaving
To/From				
To/From				
To/From				
To/From				

REFERNCES:

Name: _____ Address: _____ Phone: _____

- 1. _____
- 2. _____
- 3. _____

Have you ever been convicted of a crime, including misdemeanor and/or felony? ____ Yes ____ No

If yes, please state the nature of the offense and the date of conviction:

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative 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, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

DATE: _____ SIGNATURE _____

NOTES:
