



Application
For Employment

Date _____

Name _____ Social Security Number _____

Telephone Number _____ Birth Date _____

Present Address (Street, Apt. No., etc) _____

City/State/Zip _____

VALID Florida Drivers License Number _____

Position you are applying for _____ Salary Desired _____

Date Available to Start _____

Within the past ten (10) years have you been convicted of a felony? _____ (Do not include convictions that were sealed, eradicated, erased or expunged or convictions that resulted in referral to a diversion program.)

If yes please explain so the circumstances may be considered _____

NOTE: Criminal convictions will not automatically disqualify an applicant. The Company will consider the nature of the crime, it's seriousness, frequency of convictions, the applicant's age at time of conviction, the time elapsed since the date of conviction and completion of jail sentence, the applicant's entire work and educational history, and employment references and recommendations.

Education	School Name And Location	Graduate?	# of Years Completed	Degree/Major
High School				
College				
Bus./Tech/Trade or Post College				

List any technical skills you possess _____

Work Experience

Start with you present or last place of employment. You may include any verifiable work performed on a volunteer basis, internships or military service.

Employer _____ Type of Business _____

Address _____ Phone _____

Employed From _____ to _____ Job Title _____ May we contact? YES _____ NO _____

Starting Wages _____ Ending Wages _____ Supervisor's Name _____

Duties _____ Reason for Leaving _____

Employer _____ Type of Business _____

Address _____ Phone _____

Employed From _____ to _____ Job Title _____ May we contact? YES _____ NO _____

Starting Wages _____ Ending Wages _____ Supervisor's Name _____

Duties _____ Reason for Leaving _____

Employer _____ Type of Business _____

Address _____ Phone _____

Employed From _____ to _____ Job Title _____ May we contact? YES _____ NO _____

Starting Wages _____ Ending Wages _____ Supervisor's Name _____

Duties _____ Reason for Leaving _____

I understand that the company may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If the Company has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace. I also understand that all employees of the location, pursuant to the Company's policy may be subject to screening for the presence of alcohol or controlled drugs. If employed, I understand that the taking of the alcohol and/or drug tests is a condition of continued employment and agree to undergo said testing consistent with company policy.

I certify that all information contained in this application my resume, or any supporting document is complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment, or if employed, disciplinary action up to and including immediate dismissal.

I authorize Sunshine State and it's agents to confirm all statements contained in this application and/or resume as it relates to the position I am seeking and the extent permitted by federal, state, or local law. I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge and hold harmless, to the extent permitted by law, any party delivering information to Sunshine State Plumbing or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability Sunshine State Plumbing and its agents for seeking such information and all other persons, corporations, or organizations furnishing such information.

Applicant Signature _____ Date _____

Signature of Company Representative _____ Date _____