

Employment Application

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9424 Hwy 301
 Dade City, FL 33525
 phone: (352) 567-7600
 fax: (352) 567-5025

Position Applying For: _____

Date: _____

PERSONAL INFORMATION

Name (Last, First, Middle)	Telephone Number
Address	Message Number
City/State/Zip	E-mail Address

Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you applying for: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temp	What hours will you work?	May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT HISTORY - Begin With Most Recent Employment

Dates From: To:	Company Name	City	State
Titles and Duties:			
Reason for Leaving	Supervisor's Name	Telephone Number	
Dates From: To:	Company Name	City	State
Titles and Duties:			
Reason for Leaving	Supervisor's Name	Telephone Number	
Dates From: To:	Company Name	City	State
Titles and Duties:			
Reason for Leaving	Supervisor's Name	Telephone Number	

MILITARY

Branch of Service
Describe any military training received relevant to the position for which you are applying:

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EDUCATIONAL/TRAINING - Include technical training, academic achievements and courses

Have you obtained a high school diploma or GED certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Name & Location	Diploma/Degree	Major/Subject of Specialization
College/University			
College/University			
Specialized Courses & Training			
Specialized Courses & Training			

OTHER SPECIAL SKILLS - List other specific skills you have to offer for this job opening

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REFERENCES - Please provide the names of three persons not related to you

Name	Address	Telephone	Relationship

The information on this application is true and accurate to the best of my knowledge.

Signature: _____

Date: _____