



1210 South Adams Street • Tallahassee, Florida
850-224-8717 • 850-222-9581 fax

**PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE**

**APPLICANTS WILL BE
TESTED FOR ILLEGAL
DRUGS**

APPLICATION FOR EMPLOYMENT

DATE _____

Name _____
Last First Middle

Present address _____
Number Street City State Zip

How long have you lived at this address? _____ Social Security No. _____ - _____ - _____

Telephone (____) _____

If under 18, please list age _____

Position applied for (1) _____
 and salary desired _____
 (Be specific) (2) _____

Days/hours available to work
 No Pref _____ Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work 2nd Shift 3rd shift

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When would you be available for work? _____

Do you object to overtime hours? Yes No

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

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DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's license
number _____ State of issue _____ Operator Commercial (CDL) Chauffeur
Expiration date _____

Have you had any accidents during the past three years? Yes No How Many? _____

Have you had any moving violations during the past three years? Yes No How Many? _____

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone () _____	Telephone () _____

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held.
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
			From To
Your last job title			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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May we contact your present employer? Yes No

Did you complete this application yourself Yes No If not, who did? _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name _____ Telephone () _____

Address _____

TO BE COMPLETED
BY EMPLOYER

Date of employment _____ Job title _____ Dept. _____

Rate of pay _____ Full-time Part-time Salaried

Drug test confirmation date _____

Name of person verifying information _____

Name of person authorizing employment _____

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Graphateria, I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Graphateria practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Graphateria, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and Graphateria may end the employment relationship at any time, without specified notice or reason. If employed, I understand that Graphateria may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give Graphateria permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release Graphateria from any liability as a result of such contact.

I also understand that (1) Graphateria has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, Graphateria may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, Graphateria, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with Graphateria shall be probationary for a period of ninety (90) days, and further, that at any time during the probationary period or thereafter, my employment relation with Graphateria is terminable at will for any reason by either party.

Signature of applicant _____ **Date:** _____

Date of Birth (M/D/Y) _____ **Social Security #** _____

This information is requested by Graphateria solely for purposes of insuring accurate retrieval of records.

Graphateria is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Graphateria depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.