

11700 S belcher road - largo fl 33773

#### Application For Employment

Notice to applicants: Our Company is a drug–free workplace. screening tests for illegal drug use WILL be required POST-OFFER, and during your employment here UNDER CERTAIN CONDITIONS.

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, marital or veteran status, disability, or any other legally protected status.

(*Please Print*)

|  |  |
| --- | --- |
| Position Applied for: | Date of Application: |

|  |
| --- |
| Last Name First Name Middle Name |
| Address City State Zip Code |
| Home Phone Number Cell Phone Number Email address |

What is the best way to reach you? □ Home Phone □ Cell Phone □ Email

Have you ever been employed with us before? □ Yes □ No If Yes, date(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently employed? □ Yes □ No May we contact your present employer? □ Yes □ No

How did you hear about us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? *(Proof of work status will be required upon offer of employment*.) □ Yes □ No

On what date would you be available to work? \_\_\_\_\_\_\_\_\_\_ Salary desired: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently on “layoff” status and subject to recall? □ Yes □ No

Have you been convicted of a felony within the last 7 years? □ Yes □ No

**(Conviction will not necessarily disqualify an applicant from employment.)**

If Yes, please explain

**Education**

|  | **Name and City of School** | | **Course of Study** | | **Years**  **Completed** | | **Diploma/**  **Degree** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **High School** |  | |  | |  | |  | |
| **Undergraduate**  **College** |  | |  | |  | |  | |
| **Graduate/Professional** |  | |  | |  | |  | |
| **Other (Specify)** |  | |  | |  | |  | |
|  | | | | | | | | |
| **Indicate any foreign languages you speak, read, and/or write** | | | | | | | | |
|  | | **FLUENT** | | **GOOD** | | **FAIR** | | |
| **SPEAK** | |  | |  | |  | | |
| **READ** | |  | |  | |  | | |
| **WRITE** | |  | |  | |  | | |
|  | | | | | | | | |
| **Describe any specialized training, apprenticeship, skills and activities related to position.** | | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
|  | | | | | | | | |
| **Describe any job-related training received in the United States military.** | | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |

**Employment Experience**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities, or other protected status.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. | Employer |  | **Dates Employed** | | **Work Performed** |
|  |  | | **From** | **To** |  |
|  | Address |  |  |  |  |
|  | Telephone Number(s) |  | **Hourly Rate/Salary** | |  |
|  |  |  | **Starting** | **Final** |  |
|  | Job Title |  |  |  |  |
|  | Reason for Leaving |  |  |  |  |
| 2. | Employer |  | **Dates Employed** | | **Work Performed** |
|  |  | | **From** | **To** |  |
|  | Address |  |  |  |  |
|  | Telephone Number(s) |  | **Hourly Rate/Salary** | |  |
|  |  |  | **Starting** | Final |  |
|  | Job Title |  |  |  |  |
|  | Reason for Leaving |  |  |  |  |
| 3. | Employer |  | **Dates Employed** | | **Work Performed** |
|  |  | | **From** | **To** |  |
|  | Address |  |  |  |  |
|  | Telephone Number(s) |  | **Hourly Rate/Salary** | |  |
|  |  |  | **Starting** | Final |  |
|  | Job Title |  |  |  |  |
|  | Reason for Leaving |  |  |  |  |
| 4. | Employer |  | **Dates Employed** | | **Work Performed** |
|  |  | | **From** | **To** |  |
|  | Address |  |  |  |  |
|  | Telephone Number(s) |  | **Hourly Rate/Salary** | |  |
|  |  |  | **Starting** | Final |  |
|  | Job Title |  |  |  |  |
|  | Reason for Leaving |  |  |  |  |

If you need additional space, please continue on a separate sheet of paper.

**References**

|  |  |
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| 1.  2. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name Phone #  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name Phone # |

**Applicant’s Statement**

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| 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 Intrepid Powerboats, Inc. from all liability for any damage that may result from utilization of such information.  I also understand and agree that no representative of Intrepid Powerboats, Inc. 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 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.  Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.  **I hereby understand and acknowledge that, if hired, my employment relationship with this organization would be of an “AT WILL” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time, for any or no reason. It is further understood that this “AT WILL” employment relationship may not be changed by any written document or by conduct.**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Applicant Date |