

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

PLEASE PRINT AND FILL OUT COMPLETELY INCOMPLETE APPLICATIONS CANNOT BE PROCESSED

Position(s) Applied For :

Date of Application:

How Did You Learn About Us?

- Advertisement
 Friend
 Walk-In
 Employment Agency
 Relative
 Other

Last Name

First Name

Middle Name

Address

Number

Street

City

State

Zip Code

Telephone Number (Home)

(Cellular)

Social Security Number

Emergency contact Name / Relationship

Emergency Contact Phone Number

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

If Yes, Give Date _____

Have you ever been employed with us before? Yes No

If Yes, Give Date _____

Are you currently employed? Yes No

May we contact your current employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Proof of citizenship or immigration status will be required upon employment. Yes No

Are you A US Citizen A Lawful Permanent Resident Otherwise authorized to work in the United States?

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you ever been convicted of a felony or a misdemeanor? Yes No

Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain _____

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma / Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and / or write.			
	<i>FLUENT</i>	<i>GOOD</i>	<i>FAIR</i>
<i>SPEAK</i>			
<i>READ</i>			
<i>WRITE</i>			

1. Describe any specialized training, apprenticeship, skills and extra-curricular activities.
 2. Describe any job-related training in the United States Military.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

1.

2.

What are your long term career goals?

EMPLOYMENT EXPERIENCE

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

Current or last Employer: _____ Supervisor's Name: _____

Address: _____ Phone: () _____

Position Held: _____ From _____ To _____ Salary _____
Mo. / Yr. Mo. / Yr.

Duties and Responsibilities _____

Reason for Leaving: _____

Employer: _____ Supervisor's Name: _____

Address: _____ Phone: () _____

Position Held: _____ From _____ To _____ Salary _____
Mo. / Yr. Mo. / Yr.

Duties and Responsibilities _____

Reason for Leaving: _____

Employer: _____ Supervisor's Name: _____

Address: _____ Phone: () _____

Position Held: _____ From _____ To _____ Salary _____
Mo. / Yr. Mo. / Yr.

Duties and Responsibilities _____

Reason for Leaving: _____

Employer: _____ Supervisor's Name: _____

Address: _____ Phone: () _____

Position Held: _____ From _____ To _____ Salary _____
Mo. / Yr. Mo. / Yr.

Duties and Responsibilities _____

Reason for Leaving: _____

THIS PAGE FOR DRIVER APPLICANTS ONLY

MANNY'S ENTERPRISE, INC.

APPLICATION FOR EMPLOYMENT (Page 3a)

How many years experience have you had driving commercial box trucks? _____

Have you had any motor vehicle infractions within the last seven (7) years Moving Violations Accidents
If any, please explain _____

Driver Licenses held in the past 3 years must be shown.

STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please supply us with your current Florida driver's license so that we can make a photo-copy.

Traffic convictions and forfeitures for the past 7 years (other than parking violations).

Date Convicted (Month/Year)	Violation	State Of Violation Location	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
Has any license, permit or privilege ever been suspended or revoked? Yes No

Accident review for the past 7 years (attach a separate sheet of paper if more space is needed).

Date	Nature of Accident (Head-on, Rear end, Etc.)	# Fatalities	# Injuries	# Vehicles Towed	Citation Issued?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Have you ever been known by any name (alias) other than the one on this application? Yes No
If yes please list aliases _____

Is there anything in your personal history that we should be aware of before we conduct a background check?
 Yes No

If yes, please explain: _____

MANNY'S ENTERPRISE, INC.

APPLICATION FOR EMPLOYMENT (Page 4)

TO BE READ AND SIGNED BY APPLICANT I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of at-will employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company. "I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history. I understand that I have the right to: Review information provided by current/previous employers; Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information. I understand this authorization shall continue to be effective during my employment if I am hired.

APPLICANT'S SIGNATURE

DATE

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

APPLICANT'S SIGNATURE

DATE

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

Interviewer _____ Date _____

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/
Salary _____ Department _____

By _____
Name and Title _____ Date _____

NOTES _____

