

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** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_