



## APPLICATION FOR EMPLOYMENT

Position Desired: \_\_\_\_\_ [ ] Full time  
[ ] Part Time Date: \_\_\_\_\_

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER  
 APPLICANT'S STATEMENT**

I understand that the Company is committed to providing equal opportunity in all employment practices, including but not limited to selection, hiring promotion, transfer, and compensation to all qualified applicants and employees without regard to age, race, color, national origin, sex, religion, handicap or disability, or any other category protected by federal, state, or local law.

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at will at any time with or without notice or reason, and the Company has the same right. No one other than the President or Vice President of the Company has authority to modify this relationship or make any agreement to the contrary. Any such modification or agreement must be in writing.

I understand that the Company reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law. I further understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records and other information pertinent to my employment with them. I release my previous employers from any liability as a result of their disclosure of information about me to the Company. I also authorize the Company to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information.

I further understand that if employed I will be on a 90-day introductory period, and that termination for unsatisfactory performance during that period will not result in any Company responsibility for unemployment benefits. I further understand that completion of the introductory period does not confer any expectation of continued employment, and that if employed; my employment will be for no definite period and "at-will."

By signing below, I certify that all of the information that I provide on this application and in any interview will be true, complete and accurate in all respects, and I agree that if the information is found to be false, misleading, or unsatisfactory in any respect (in the Company's judgment) that I will be disqualified from consideration for employment or subject to immediate dismissal if discovered after I am hired.

I certify that I have received a written notification that the Company may obtain a consumer report or reports on me. I authorize this Company to obtain such a report or reports for use in connection with my application for employment and for other employment-related reasons. If hired, this authorization shall remain on file and serve as ongoing authorization for procurement of employment-related consumer reports at any time during my employment. I understand that the term "consumer report" includes, but is not limited to, credit checks, criminal background checks, department of motor vehicle reports, and investigative consumer reports. I further understand that the term "investigative consumer report" means a report in which information on my character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with my neighbors, friends, or associates, or with others with whom I am acquainted or who may have knowledge concerning any such items of information.

**DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THIS STATEMENT**

\_\_\_\_\_ \_\_\_\_\_  
 Date Signature of Applicant

**PERSONAL DATA**

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
 (Print) Last First Middle  
 Present Address \_\_\_\_\_ How long have you lived there? \_\_\_\_\_  
 Street and Number City State Zip Years Months  
 Previous Address \_\_\_\_\_ How long did you live there? \_\_\_\_\_  
 Street and Number City State Zip Years Months  
 Email Address: \_\_\_\_\_ Cell No. \_\_\_\_\_ (Smartphone Required)

Are you 18 years of age or older? [ ] Yes [ ] No If hired, can you furnish proof that you are over 18 years of age? [ ] Yes [ ] No

Have you ever worked for our Company before? [ ] Yes [ ] No

If Yes, please give dates and position: \_\_\_\_\_ Do you have friends or relatives working here? [ ] Yes [ ] No  
 If Yes, Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

How did you hear about Allied Kitchen & Bath? \_\_\_\_\_

Are you under any type of agreement or contract that restricts your ability to work for this company at any of its locations? [ ] Yes [ ] No

If Yes, please provide a copy of the agreement or contract.

**RECORD OF PREVIOUS EMPLOYMENT**

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references.

Present or Past Employer _____ Address _____ City, State, Zip Code _____ Telephone _____	<u>Employed</u> From (mo/yr) _____ To (mo/yr) _____	<u>Pay</u> Start \$ _____ Final \$ _____	<u>Your Title or Position</u> _____ <u>Name and Title of Last Supervisor</u> _____	<u>Reason for Leaving</u> _____
Previous Employer _____ Address _____ City, State, Zip Code _____ Telephone _____	<u>Employed</u> From (mo/yr) _____ To (mo/yr) _____	<u>Pay</u> Start \$ _____ Final \$ _____	<u>Your Title or Position</u> _____ <u>Name and Title of Last Supervisor</u> _____	<u>Reason for Leaving</u> _____
Previous Employer _____ Address _____ City, State, Zip Code _____ Telephone _____	<u>Employed</u> From (mo/yr) _____ To (mo/yr) _____	<u>Pay</u> Start \$ _____ Final \$ _____	<u>Your Title or Position</u> _____ <u>Name and Title of Last Supervisor</u> _____	<u>Reason for Leaving</u> _____
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Have you ever been terminated, resigned in lieu of termination, or asked to resign from any job?  Yes  No If Yes, please explain the circumstances: \_\_\_\_\_

Please explain any gaps in your employment history: \_\_\_\_\_

May we contact your current employer?  Yes  No

If no, please explain: \_\_\_\_\_

**Note:** If you are offered employment, we will require employment information from your current employer as a condition of any offer.

Have you ever used another name?  Yes  No \_\_\_\_\_

Is any additional information relative to change of name, use of assumed name, or nickname necessary to enable a check on your work and educational record?  
 Yes  No

If yes, please explain: \_\_\_\_\_

Can you perform the essential duties of the job with or without reasonable accommodations?  Yes  No

Do you have adequate transportation to and from work?  Yes  No

How many days of work have you missed in the last three years due to reasons other than paid holidays and vacation?

Year \_\_\_\_\_  
 Year \_\_\_\_\_  
 Year \_\_\_\_\_

Number of days \_\_\_\_\_  
 Number of days \_\_\_\_\_  
 Number of days \_\_\_\_\_

Please describe any experience or skills you have which you feel will assist you in performing the job for which you are applying.

**EDUCATION**

School Name	Years Completed: (Circle)	Diploma or Degree	Describe Course of Study or Major	Describe Specialized Training, Experience, Skills, and Extra-Curricular Activities
Elementary	4 5 6 7 8			
High School	9 10 11 12			
College / University	1 2 3 4			
Graduate / Professional	1 2 3 4			
Trade / Correspondence				
Other				

**PERSONAL REFERENCE(S)**

Please list persons who know you well -- not previous employers or relatives

Name	Occupation	Address (Street, City and State)	Telephone Number	Number of Years Known

**DRIVING INFORMATION**

Do you have a current driver's license? [ ] Yes [ ] No

State: \_\_\_\_\_ License No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Has your driver's license ever been suspended or revoked? [ ] Yes [ ] No

If Yes, please explain circumstances: \_\_\_\_\_

Do you have a registered vehicle [ ] Yes [ ] No

Do you have personal automobile insurance? [ ] Yes [ ] No Name of Insurance Company: \_\_\_\_\_

Has your personal automobile insurance ever been cancelled? [ ] Yes [ ] No

If Yes, please explain circumstances: \_\_\_\_\_

Have you ever been cited for driving under the influence (DUI) or driving while intoxicated (DWI)? [ ] Yes [ ] No

If Yes, please explain circumstances and outcome: \_\_\_\_\_

Please list all moving traffic violations in the last five (5) years:

Offense	Date	Location	Offense	Date	Location

**THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.**

**I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.**

**A BACKGROUND CHECK AND DRUG SCREEN IS REQUIRED FOR EMPLOYMENT**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

**THIS COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE BECAUSE OF RACE, COLOR, RELIGION, SEX, AGE, CITIZENSHIP, MARTIAL STATUS, DISABILITY, OR NATIONAL ORIGIN.**

# APPLICATION FOR EMPLOYMENT

Florida

(Supplement to be used after a Conditional Offer of Employment Has Been Made)

Applicant Name: \_\_\_\_\_ Position Applied For \_\_\_\_\_

Have you ever pled guilty or "no contest" to a crime, been convicted of a crime, had adjudication withheld or prosecution deferred?

Yes  No

If Yes, please give date and details of each: \_\_\_\_\_

Have you been arrested for any matters for which you are out on bail or on your own recognizance pending trial?  Yes  No

If yes, please give the date(s) and details: \_\_\_\_\_

Have you ever been a defendant in a civil suit on an intentional tort (assault, battery, false imprisonment, invasion of privacy, intentional infliction of emotional distress, intentional wrongful death)?  Yes  No

If Yes, provide details: \_\_\_\_\_

**NOTE:** Answering "Yes" to the above questions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.

**By signing below, I certify that all of the information that I provide on the original application, in this supplement, and in any interview will be true, complete and accurate in all respects, and I agree that if the information is found to be false, misleading, or unsatisfactory in any respect (in the Company's judgment) that I will be disqualified from consideration for employment or subject to immediate dismissal if discovered after I am hired.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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