



LA EDAD PRODIGIOSA INC

PERSONAL DATA:

Full Name: _____ SS#: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone / Other: _____

E-mail: _____

Emergency Contact: _____ Phone: _____

POSITION APPLIED FOR: _____

How were you referred to us? _____

Date Available to Start: _____ Salary Requirement: \$ _____

Are you a citizen of the United States? YES NO

If not, are you legally allowed to work in the United States? YES NO

Can you submit documentation verifying your legal right to work in the U.S.? YES NO

Have you ever been convicted of a felony crime? YES NO

If YES, please give dates and explain: _____

Answering "YES" to these questions does not constitute an automatic rejection for employment. Date of the offensive, seriousness and nature of the violation, rehabilitation and position applied for will be considered.

Do you have a driver's license? YES NO Do you have a car? YES NO

Summarize Your Special Skills or Qualifications (Optional):

PREVIOUS EMPLOYMENT (BEGIN WITH MOST RECENT POSITION):

Employer: _____ From: _____ To: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone #: _____ Supervisor: _____

Position Held: _____ Pay Rate: \$ _____

Reason for Leaving: _____

Employer: _____ From: _____ To: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone #: _____ Supervisor: _____

Position Held: _____ Pay Rate: \$ _____

Reason for Leaving: _____

Employer: _____ From: _____ To: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone #: _____ Supervisor: _____

Position Held: _____ Pay Rate: \$ _____

Reason for Leaving: _____

I certify that my answers are true and complete to the best of my knowledge. I authorize this Employer to make such investigations and inquiries of my personal, employment, educational, financial and other related matters as may be necessary for an employment decision. I hereby release employers, schools or individuals from all liability when responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in termination of my employment for cause.

Signature of Applicant: _____ Date: _____

Notice to Applicants:

Our company complies with the Americans with Disabilities Act of 1990. You may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same history/physical requirements and all such information will be kept confidential and in secure files.

We are an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, sex, sexual orientation, religion, national origin, handicap, or marital status. We assure you that your opportunity for employment with us depends solely upon your qualifications.

PLEASE READ THE FOLLOWING STATEMENTS AND SIGN BELOW:

I understand that in accordance with Florida Statute 443.131 (3)(a)(2), if hired, I will be placed on a 90-day probationary period. I further understand that if I am terminated for unsatisfactory work performance within the 90-day probationary period, my employer may seek to contest any unemployment benefit I might attempt to obtain as a result of my termination.

I understand and agree that all policies, procedures, and the Employee Handbook may be modified, amended, or deleted by my employer with or without notice to me of such amendment, modification or deletion; that the policies and procedures are not intended to be a contract of employment nor do they give me a right of continued employment, and that my employment may be terminated at my option or at the option of my employer with agreements, or understandings regarding the terms of employment. There may be no amendments or exceptions to this statement unless they are in writing and signed by the President of the Organization.

I understand that I may be required to undergo blood and/or urinalysis screening for drug or alcohol use as part of the pre-employment process, as well as a background check if deemed necessary. In addition, all employees are subject to blood and/or urinalysis screening for drug or alcohol use.

I certify that all information given on this employment application, any résumé that I submit to the Organization, and any related papers and answers given during oral interviews are true and correct. I understand that my employer will make a thorough investigation of my work and personal history. I authorize the giving and receiving of any such information requested by my employer during the course of such investigation. I understand that falsification of any information given by others during the course of this investigation of any derogatory information discovered as a result of this investigation may subject me to immediate dismissal. I hereby release from any liability all persons who provide information to my employer during the course of any such investigation.

Signature of Applicant: _____ Date: _____