

# EMPLOYMENT APPLICATION

Submit to:  
Applications@TIP-FL.com

**NOTE: APPLICANT MUST COMPLETE ALL SECTIONS OF THIS FORM**

<b>Date:</b> _____	<b>Position Applying For:</b> _____
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**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

We adhere to a policy of making employment decisions without regard to race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. We assure you that your opportunity for employment depends solely upon your qualifications.

**2 FORMS OF IDENTIFICATION REQUIRED UPON EMPLOYMENT**

**PERSONAL DATA**

First Name	Middle Initial	Last Name	Social Security Number
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Street Address	City	State	Zip	Telephone Number
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Cell Phone Number	Email Address
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Are you at least 18 years old?  Yes  No      Are there any days, shift, or hours you will not work?  Yes  No

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

Are you available for out of town work?  Yes  No      Will you work overtime, if required?  Yes  No

If not, explain: \_\_\_\_\_

When will you be able to start work? \_\_\_\_\_

Have you ever been convicted of any crime?  Yes  No *A conviction will not necessarily disqualify you.*

If so, explain and give dates: \_\_\_\_\_

Can you, upon employment, submit documentation verifying that you are legally eligible to work in the United States?  Yes  No

***We are a drug-free workplace and require drug testing before any offer of employment can be made.***

How did you learn of our company? \_\_\_\_\_

Have you ever applied or worked here before?  Yes  No If yes, provide dates: \_\_\_\_\_

**EDUCATION/SKILLS: (May or may not be considered depending on the job applied for)**

Describe any educational degrees, skills, training or experience you believe are relevant to the job applied for:

\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT DATA**

Have you ever been discharged or forced to resign? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Have you received any disciplinary action in the last 18 months of employment? \_\_\_\_\_

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

How many days were you absent in the last 12 months of employment for reasons other than an on-the-job injury, a disability, military leave, jury duty, or religious holidays? \_\_\_\_\_

Have you signed any non-compete agreements with any other employer that would restrict you from working with this Company?  Yes  No

If so, explain: \_\_\_\_\_

**MILITARY – COMPLETE ONLY IF YOU SERVED IN THE MILITARY**

Branch of service: \_\_\_\_\_ Rank at discharge: \_\_\_\_\_

Dates of service: \_\_\_\_\_

List any military skills, training, or experience you believe are relevant to the job applied for: \_\_\_\_\_

**DRIVING RECORD (BASE DATA ON LAST THREE (3) YEARS PRIOR TO DATE OF APPLICATION)**

**MAY OR MAY NOT BE CONSIDERED DEPENDING ON JOB APPLIED FOR**

Do you have a valid FL driver's license:  Yes  No License Number: \_\_\_\_\_

License Type: \_\_\_\_\_ Class: \_\_\_\_\_ Have you had any tickets? \_\_\_\_\_

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

Do you have a reliable form of transportation to work?  Yes  No

**PRIOR EMPLOYMENT**

**PLEASE COMPLETE FOR ALL FULL-TIME OR PART-TIME EMPLOYMENT BEGINNING WITH YOUR MOST RECENT EMPLOYER FIRST**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

May we contact this person for a reference?  Yes  No Your Job Title: \_\_\_\_\_

Describe your duties: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Weekly/Hourly Gross Pay: \_\_\_\_\_

Employed From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

May we contact this person for a reference?  Yes  No Your Job Title: \_\_\_\_\_

Describe your duties: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Weekly/Hourly Gross Pay: \_\_\_\_\_

Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

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Describe your duties: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Weekly/Hourly Gross Pay: \_\_\_\_\_

Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**ETHNICITY/GENDER: We do a great deal of work for the State of Florida and are required to obtain ethnicity and gender information to ensure compliance with EEO standards. Completion of this section has no bearing on hiring and is used solely for reporting purposes. Please check correct categories.**

- Male  Female
- Caucasian/White  Black/African American  Hispanic/Latino
- American Indian/Alaska Native  Hawaiian/Pacific Islander  Asian
- Two or More Races