



**Please Fax Completed Application to: 352-237-7718**  
**\*\*NO PHONE CALLS PLEASE\*\***

# Employment Application

Position Applied for: \_\_\_\_\_ Date of Review: \_\_\_\_\_

How did you hear about us: \_\_\_\_\_

**Applicant Data:**

Full name (Last, First, Middle): \_\_\_\_\_

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

Date of Birth \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile/Pager/Other: \_\_\_\_\_

Email: \_\_\_\_\_

Date Available to Start: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Salary / Hourly Rate Desired: \_\_\_\_\_

If you are under 18 and we require a work permit, can you furnish one? Yes: \_\_\_\_\_ No: \_\_\_\_\_

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

Have you ever worked for this company? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, when? \_\_\_\_\_

Are you a citizen of the United States? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If not, are you legally allowed to work in the United States? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Type of employment desired:

Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_ Temporary: \_\_\_\_\_ Seasonal: \_\_\_\_\_

Have you ever pled "guilty," "no contest," or been convicted of a crime? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, give dates and details:  
(use additional paper if required)  
\_\_\_\_\_

(Answering "yes" to this question does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be considered.)

**Additional Questions:**

Driver's license number: \_\_\_\_\_ CDL license Yes: \_\_\_ No: \_\_\_

If yes, please state what type: \_\_\_\_\_ State: \_\_\_\_\_

Do you have any traffic violations/accidents? If so, please describe and list dates if available: \_\_\_\_\_

\_\_\_\_\_

Are you available to work all 7 days of the week? Yes: No:

Do you consider yourself a team player? Yes: No:

Are you currently employed / working? Yes: No:

Have you ever been fired from a job? Yes: No:

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

\_\_\_\_\_

**Where would you like to see yourself in the next five years?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Summarize Your Special Skills or Qualifications:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Previous Employment (begin with most recent position):**

Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_

Position(s) Held: \_\_\_\_\_

Firm: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Starting Salary and Title: \_\_\_\_\_

Ending Salary and Title: \_\_\_\_\_

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

May we contact this employer as a reference? \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_

Position(s) Held: \_\_\_\_\_

Firm: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Starting Salary and Title: \_\_\_\_\_

Ending Salary and Title: \_\_\_\_\_

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

May we contact this employer as a reference? \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_

Position(s) Held: \_\_\_\_\_

Firm: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Starting Salary and Title: \_\_\_\_\_

Ending Salary and Title: \_\_\_\_\_

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

May we contact this employer as a reference? \_\_\_\_\_

Are you seasonal (only living here part of the year) Yes:\_\_\_\_ No:\_\_\_\_

If yes, what months are you available?\_\_\_\_\_ through\_\_\_\_\_.

Do you have your own reliable transportation? Yes: \_\_\_\_ No: \_\_\_\_

Are you currently a smoker? Yes: \_\_\_\_ No:\_\_\_\_

Do you have any physical limitations that may prohibit you from moving/lifting?

Yes:\_\_\_\_ No:\_\_\_\_ If yes, please explain:\_\_\_\_\_.

I certify that my answers are true and complete to the best of my knowledge. I authorize you 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 discharge.

**\*\*PLEASE READ\*\***

**ABSOLUTELY NO PHONE CALLS. SIMPLY FAX YOUR COMPLETED APPLICATION (COVER SHEET OPTIONAL) TO THE FOLLOWING NUMBER**

**FAX# (352)-237-7718**

**ONCE YOUR APPLICATION HAS BEEN RECEIVED AND REVIEWED, WE WILL CONTACT YOU IF WE WOULD LIKE TO SET-UP AN INTERVIEW. ONCE AGAIN, ABSOLUTELY NO PHONE CALLS. BY SIGNING BELOW, I UNDERSTAND THE TERMS AND CONDITIONS OF APPLYING WITH SENIOR TRANSITIONS.**

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