

505 Glen Cheek Dr, Cape Canaveral 	505 Glen Cheek Dr, Cape Canaveral 	6075 US Hwy 1, Melbourne 
321-868-2226	321-783-9535	321-242-8999

DATE: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

**EMPLOYMENT DESIRED:**

Position: \_\_\_\_\_ Date you can start: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Are You Employed Now:  YES  NO

If So, May We Inquire Of Your Present Employer?  YES  NO

Are You Legally Authorized To Work in The US?  YES  NO

Have You Ever Applied To This Company Before?  YES  NO Where: \_\_\_\_\_

**EDUCATION:**

	Name and Location	Years	Did you Graduate	Subjects Studied
High School				
College				
Trade, Business Or Other				

**GENERAL INFORMATION:**

Subject of Special Study/Research Work: \_\_\_\_\_

Special Training: \_\_\_\_\_

Special Skills: \_\_\_\_\_

US Military or Naval Service: \_\_\_\_\_

Rank: \_\_\_\_\_

**FORMER EMPLOYERS:**

Month and Year	Name, Address & Phone of Employer	Salary	Position	Reason for Leaving
To/From				
To/From				
To/From				
To/From				

**REFERNCES:**

Name:

Address:

Phone:

1.

2.

3.

Have you ever been convicted of a crime, including misdemeanor and/or felony? \_\_\_\_ Yes \_\_\_\_ No

If yes, please state the nature of the offense and the date of conviction:

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

DATE: \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**NOTES:**

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