

SOUTHERN

Application for Employment

OFFICE USE



TAPE & LABEL, INC.

Southern Tape & Label, Inc.
1107 Peachtree St.
Cocoa, FL 32922
(321) 632-5275

Qualified applicants receive consideration for employment without discrimination because of sex, marital status, race, color, creed, national origin, age or disability.

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application. False statements on this application form shall be considered sufficient cause for termination.

This application expires 30 days after the date on which it is signed by applicant. No application will be considered nor will be valid without such signature.

PERSONAL INFORMATION

DATE _____

Name (print): _____

Address: _____

City: _____ State: _____ Zip: _____ Tel. No.: _____

In case of emergency notify: _____ Tel. No.: _____

Position or type of employment desired? _____ Salary desired: _____

Date available for work: _____ Full Time: _____ Part Time: _____

Who referred you to our company? _____

Will you work overtime if asked? ____ Yes ____ No

Are there any hours, shifts, or days you will not work? ____ Yes ____ No

If yes, explain: _____

Do you have any physical, mental or sensory disabilities or limitations which would require assistance?

If yes, please describe: _____

Have you ever been dismissed or forced to resign from any employment? ____ Yes ____ No

Have you ever been convicted of any crime within the past 5 years? ____ Yes ____ No. If Yes, give dates and please explain. A conviction will not necessarily disqualify you from employment. _____

List any job-related skills and qualifications that may best qualify you for the position desired: _____

Only U.S. Citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Can you upon employment, submit documentation verifying your identity and your legal right to work in the U.S.? _____

EDUCATIONAL RECORD

SCHOOL	NAME & ADDRESS OF SCHOOL	COURSE OF STUDY	CIRCLE NUMBER OF YEARS COMPLETED				DID YOU GRADUATE? (CIRCLE)
			1	2	3	4	
HIGH							YES NO
COLLEGE							YES NO
TRADE							YES NO
OTHER (SPECIFY)							YES NO

EMPLOYMENT RECORD

Are you now employed? _____ Yes _____ No

Name of company: _____

May we refer to present employer? _____ Yes _____ No

Do we have permission to contact your listed references? _____ Yes _____ No

(Last 3 Jobs) List present or last place of employment first.

EMPLOYED FROM TO				EMPLOYER'S NAME & ADDRESS	TITLE OF JOB AND BRIEF DESCRIPTION OF DUTIES	RATE OF PAY
Mo.	Yr.	Mo.	Yr.			
						\$ per

Name and title of immediate supervisor: _____ Phone: _____

Reason for leaving: _____

Mo.	Yr.	Mo.	Yr.	EMPLOYER'S NAME & ADDRESS	TITLE OF JOB AND BRIEF DESCRIPTION OF DUTIES	RATE OF PAY
						\$ per

Name and title of immediate supervisor: _____ Phone: _____

Reason for leaving: _____

Mo.	Yr.	Mo.	Yr.	EMPLOYER'S NAME & ADDRESS	TITLE OF JOB AND BRIEF DESCRIPTION OF DUTIES	RATE OF PAY
						\$ per

Name and title of immediate supervisor: _____ Phone: _____

Reason for leaving: _____

CHARACTER REFERENCES

List two persons not related to you, whom you have known at least one year.

	NAME	ADDRESS AND TELEPHONE	OCCUPATION
1.	_____	_____	_____
2.	_____	_____	_____

PLEASE READ AND SIGN STATEMENTS BELOW

I understand that, 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, the employer may seek to contest any unemployment benefits I might attempt to obtain as a result of my termination. _____ (initials)

I certify that all information given on this employment application; any resume that I submit to the company; and any related papers and answers given during oral interviews are true and correct. I understand that falsification of any information given by myself or others during the course of such an investigation may subject me to immediate dismissal. I hereby release from liability all persons who provide information to my employer during the course of any such investigation. _____ (initials)

DATE: _____ **SIGNATURE:** _____