

Employment Application

CIRCLE ONE: FlameStone Oldsmar | FlameStone Trinity
813.814.7778 | 727.282.1000



APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Hours & Availability?	Desired Pay Rate	
Are you a citizen of the United States?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain	
Position Applied For:			

PREVIOUS EMPLOYMENT / REFERENCES (STARTING WITH MOST RECENT)			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

PREVIOUS EMPLOYMENT / REFERENCES (CONTINUED)		
Company		Phone ()
Address		Supervisor
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

EDUCATION		
High School		Address
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Degree
College		Address
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Degree
Other		Address
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Degree

EMERGENCY CONTACT INFORMATION		
Name: _____	Ph# _____	Relationship: _____
Name: _____	Ph# _____	Relationship: _____

MILITARY SERVICE		
Branch	From	To
Rank at Discharge	Type of Discharge	

DISCLAIMER AND SIGNATURE	
<p>Notice to Applicants: This employer complies with the Americans with Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job related functions.</p> <p>Applicant's Statement: I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all matters contained in this application and hereby give the employer permission to contact schools, previous employers, references, and others, and hereby release the employer from any liability as a result of such contract. I understand that misrepresentation, omissions of facts or incomplete information requested in this application may remove me from further consideration for employment. In addition, if employed, any misrepresentations or omissions of facts called for in the application will be cause for dismissal at any time without notice.</p> <p>Applicants accepted for employment should clearly understand that while we make every effort to provide steady, continuous work, we have no employment contracts, and we cannot guarantee the permanence of any position. Job tenure can be affected by many factors including economic conditions, changes in laws or employee policies, conformity to our work rules, job performance, etc. And of course, an employee may elect may elect to leave on their own accord to seek other jobs.</p> <p>I understand that my employment with the employer is for no specific term and may be terminated by me or the employer with or without notice or cause at any time. I further understand that for no oral promise, employer policy or any other procedure constitutes a contract.</p> <p>The contents of any handbook or personnel manuals, as well as other Employer policies and practices, are subject to change by the employer, solely at its discretion.</p> <p>I agree in advance if there's a workmen's comp claim, I agree to a urine or blood illegal substance or alcohol test. If positive, my benefits will be voided.</p> <p>This application will remain for ninety (90) days. Any applicant wishing to be considered for employment beyond 90 days should reapply.</p> <p>This employer is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, age, sex, religion, national origin, handicap or marital status. We assure you that your opportunity for employment strictly depends your qualifications.</p>	
Signature	Date