



Where ideas come true

Please fax application to (321) 206-1109 or mail to 3259 Progress Drive Suite A Orlando, FL 32826

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

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

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

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

Have you ever applied for employment with us?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, when?: \_\_\_\_\_

Position Desired

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

Desired Salary: \$ \_\_\_\_\_

If you prefer to work in a different zip code than where you currently live, please indicate where you would like to be located below.

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

Work Eligibility

Are you eligible to work in the United States? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Are you available to work holidays? Yes: \_\_\_\_\_ No: \_\_\_\_\_

When will you be available to begin work? \_\_\_\_/\_\_\_\_ (Month/Year)

Are you 17 or older? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Have you been convicted of or pleaded no contest to a felony within the last five years? Yes: \_\_\_\_\_

No: \_\_\_\_\_

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

Have you been convicted of, pleaded guilty to, or pleaded no contest to, an act of dishonesty, or breach of trust or moral turpitude, such as misdemeanor petty theft, burglary, fraud, writing bad checks, and other related crimes within the last five (5) years? \* Yes: \_\_\_\_\_ No: \_\_\_\_\_

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

Do you have other special training or skills (additional spoken or written languages, computer software knowledge, machine operation experience, etc.)?

\_\_\_\_\_

\_\_\_\_\_

How did you hear of our organization?

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\*Conviction of a crime, or pleading guilty to a criminal charge, will not necessarily disqualify you from the job for which you are applying. Each conviction or plea will be considered with respect to time, job relatedness, and other relevant factors.

### Availability

#### Days Available

Sun. \_\_\_\_ Mon. \_\_\_\_ Tues. \_\_\_\_ Wed. \_\_\_\_ Th. \_\_\_\_ Fri. \_\_\_\_ Sat. \_\_\_\_

Total Hours Available: \_\_\_\_\_ Hours Available: from \_\_\_\_\_ to \_\_\_\_\_

### Education

High School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

College: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Course of Study: \_\_\_\_\_ # of Years Completed: \_\_\_\_\_

Did You Graduate? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Degree: \_\_\_\_\_

### Employment History

Please give accurate and complete full-time employment record. Start with present or most recent employer. Include military experience if applicable.

#### Position #1

Company Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Company Phone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Employed (Month and Year) From: \_\_\_\_\_ To: \_\_\_\_\_

Weekly Pay: \_\_\_\_\_

Describe your work: \_\_\_\_\_

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May we contact this employer? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If not, why not? \_\_\_\_\_

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

#### Position #2

Company Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Company Phone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Employed (Month and Year) From: \_\_\_\_\_ To: \_\_\_\_\_

Weekly Pay: \_\_\_\_\_

Describe your work: \_\_\_\_\_

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May we contact this employer? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If not, why not? \_\_\_\_\_

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

May we contact this employer? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If not, why not? \_\_\_\_\_

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

#### Agreement of the Transfer of Information

I declare the information provided by me in this application is true, correct, and complete to the best of my knowledge. I understand that if employed, any falsification, misstatement, or omission of fact in connection with my application, whether on this document or not, may result in immediate termination of employment. I authorize you to verify any and all information provided above.

I acknowledge that if I become employed, I will be free to terminate my employment at any time for any reason, and that APECOR retains the same rights. No APECOR representative has the authority to make any contrary agreement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_