

REFERENCES List below 3 persons not related to you whom you have known one year or more.

NAME: _____

BUSINESS: _____ PHONE: _____

ADDRESS: _____

YEARS ACQUAINTED: _____ STREET _____ CITY _____ STATE _____ ZIP _____

NAME: _____

BUSINESS: _____ PHONE: _____

ADDRESS: _____

YEARS ACQUAINTED: _____ STREET _____ CITY _____ STATE _____ ZIP _____

NAME: _____

BUSINESS: _____ PHONE: _____

ADDRESS: _____

YEARS ACQUAINTED: _____ STREET _____ CITY _____ STATE _____ ZIP _____

Consideration for employment will not be based solely on responses to the questions in this application.

I verify that all answers in this application are true and correct to the best of my knowledge. I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Furthermore, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

Date: _____ Signature: _____

DO NOT WRITE BELOW THIS LINE

REMARKS: _____

HIRED: Yes No POSITION: _____

DATE REPORTING TO WORK: _____ SALARY/WAGES: _____

APPROVED: Employment Manager _____

Department Head _____

General Manager _____

BILL SMITH

APPLIANCES & ELECTRONICS

SINCE 1954

APPLICATION FOR EMPLOYMENT

Return application to:
EMPLOYMENT APPLICATION
BILL SMITH, INC.
P.O. BOX 1850, FORT MYERS, FL 33902

BILL SMITH IS A DRUG FREE AND SMOKE FREE WORKPLACE

APPLICATION FOR EMPLOYMENT
BILL SMITH IS A DRUG FREE AND SMOKE FREE WORKPLACE

Application taken by: _____ Location: _____

PERSONAL INFORMATION

DATE: _____ SOCIAL SECURITY #: _____

NAME: _____

LAST FIRST MIDDLE

DRIVER'S LICENSE: _____

LICENSE NUMBER CLASS STATE ISSUED EXPIRATION DATE

PRESENT ADDRESS: _____

STREET APARTMENT

PHONE: _____

CITY STATE ZIP

Are you related to anyone in our employ? _____

NAME DEPARTMENT

Referred by: _____

1. Are you a minor, under the age of 21? Yes No
2. Have you been convicted of a crime as an adult which has not been removed or expunged from your record? Yes No
3. How many unauthorized absences did you have from work during the past 12 months of employment?
4. Overtime, Holiday and Weekend work is required from time to time due to the nature of our business. Is there any reason that you would not be able to work under any of those circumstances if required? Yes No
5. Certain positions require the ability to stand; walk; sit; use hands to finger, handle or feel objects, tools or controls; reach with hands and arms; climb or balance; and stoop, kneel, crouch, or crawl along with the ability to lift/move 100 pounds or more. With reasonable accommodation, are you able to meet these physical demands? Yes No
6. We are a Drug Free Workplace. All applicants selected for employment are required to consent to and successfully pass our drug screening process. Do you consent to a drug test? Yes No
7. A background investigation will be completed prior to employment. Successful completion of this investigation is required for employment. Do you consent to a background investigation? Yes No
8. Do you currently possess a valid Florida Drivers License? Yes No

EMPLOYMENT DESIRED

POSITION: _____

DATE YOU CAN START: _____ INCOME DESIRED: _____

Have you applied at Bill Smith before? Yes No

If yes, where? _____ When? _____

EDUCATION	SCHOOL NAME & LOCATION	YEARS ATTENDED	DEGREE
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

Subjects of special study or research work: _____

What foreign language do you speak fluently? _____ Read? _____ Write? _____

U.S. Military/Naval service: _____ Rank: _____ Currently in National Guard/Reserves? _____

ACTIVITIES/INTERESTS

EMPLOYMENT HISTORY List below your last 3 employers, most recent one first.

EMPLOYER: _____

ADDRESS: _____

STREET CITY STATE ZIP

SUPERVISOR'S NAME: _____ PHONE: _____

Employed from: _____ to: _____ Salary beginning: _____ ending: _____

Describe work done: _____

Reason for leaving: _____

May we contact this employer? Yes No

EMPLOYER: _____

ADDRESS: _____

STREET CITY STATE ZIP

SUPERVISOR'S NAME: _____ PHONE: _____

Employed from: _____ to: _____ Salary beginning: _____ ending: _____

Describe work done: _____

Reason for leaving: _____

May we contact this employer? Yes No

EMPLOYER: _____

ADDRESS: _____

STREET CITY STATE ZIP

SUPERVISOR'S NAME: _____ PHONE: _____

Employed from: _____ to: _____ Salary beginning: _____ ending: _____

Describe work done: _____

Reason for leaving: _____

May we contact this employer? Yes No