

Application for Employment



2172 NW Reserve Park Trace
Port Saint Lucie, FL. 34986
Phone: 772.460.0122 Fax: 772.460.8355

REMETRONIX is an equal opportunity employer prohibiting discrimination on the basis of race, color, sex, age, religion, national origin, disability, marital status and any other characteristic protected by local, state or federal law. Original forms of employment eligibility and identity will be required if employed. Please print clearly.

Personal:

Name: _____

Last

First

MI

Social Security # _____ - _____ - _____

Address:

Street _____ City _____ State _____ Zip _____

Phone: _____ Alternate Phone: _____

Email: _____

Are you under the age of 18? Yes (If yes, age? _____) No

Are you legally eligible for employment in the US? Yes No

Position applying for: _____

Date available to start: ____/____/____

Referred by: _____

Days and hours available: _____

Type of employment desired: Full time Part time Temporary

Wage Desired: \$ _____ per _____

Have you ever applied for a position with our company before? Yes No

If yes, when? _____

Skills: Office Data/ Entry___ Excel ___ Word Processing ___ Other Software Skills_____

Activities, awards, scholarships, certifications:

Professional License or Membership:

Type of License held _____

License Expiration Date _____

Other Professional Memberships _____

(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.)

RECORD OF CONVICTION :

During the last ten years, have you ever been convicted of a crime other than minor traffic offense?

__ Yes __ No

If yes, explain: _____

(A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered).

Education: Institution Name and Location	GED/Graduate?	Major/Minor
High School	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Education/Training	<input type="checkbox"/> Yes <input type="checkbox"/> No	

References: Please list three individuals other than supervisors or relatives.

Name	Address & Phone	Name of Company	Years Known

Employment Experience: Begin with your most recent employer. List all employers during the past ten (10) years in reverse chronological order. Use additional pages if needed. May we contact your current employer? Yes No

Employer		Phone
Address		Employment Dates (mm/yy) From / To /
Job Title	Supervisor's Name	Wage Amount Start \$ End \$
Duties		Reason for Leaving

Employer		Phone
Address		Employment Dates (mm/yy) From / To /
Job Title	Supervisor's Name	Wage Amount Start \$ End \$
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Employer		Phone
Address		Employment Dates (mm/yy) From / To /
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Employer		Phone
Address		Employment Dates (mm/yy) From / To /
Job Title	Supervisor's Name	Wage Amount Start \$ End \$
Duties		Reason for Leaving

This application for employment is good for 30 days only. Consideration for employment after 30 days requires a new application.

Acknowledgement: All of the information I have provided in writing, verbally, and in any supplemental document is true and complete. I acknowledge that false or incomplete information may be cause to withdraw a job offer or terminate my employment. I acknowledge that there is no written or verbal employment contract, that the employment relationship is at-will meaning I or my employer can terminate my employment at any time, with or without reason or notice, and that only the company President can establish an employment contract. I acknowledge that any offer of employment is contingent upon satisfactory work, education, credit when applicable, criminal background investigation, and a post-offer pre-employment drug screen. I authorize all references and former employers to provide information concerning me. I release all parties from any claims, causes of action, or liability from damages that may result from furnishing information or as a result of information obtained through an investigation or drug screen.

Signature of Applicant: _____

Printed Name of Applicant: _____

Today's Date: _____