

FELIX ASSOCIATES OF FLORIDA, INC.

Employment Application Part 1



APPLICANT INFORMATION

Last Name		First		M.I.		Date	
Street Address				Apartment/Unit #			
City			State		ZIP		
Phone			E-mail Address				
Date Available			Social Security No.			Desired Salary	
Position Applied for							
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				

SKILLS, QUALIFICATIONS, CERTIFICATES

Summarize special job related skills or other experience:

COMPLETE THIS SECTION FOR OPERATOR/DRIVER POSITIONS

Indicate number of years experience below

Dozer		Paving Machine		Roller, Rubber Tired	
Crane		Screed Operator		Dump Truck	
Front End Loader		Distributor Operator		Asphalt Plant Operator	
Scraper/Pan		Broom Operator		Dump Truck	
Motor Grader		End Dump		Tractor	
Curb Machine		Backhoe Operator		Lowboy Trailer	
Drag Line Operator		Roller, Rough			
Pavement Striping		Roller, Finish			

PREVIOUS EMPLOYMENT			
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"/>			

DRIVER'S LICENSE INFORMATION		
Active License YES <input type="checkbox"/>		
Commercial License: Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/>		
Driver's License Number	State	Expiration Date

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
I understand and agree that I may be requested by Felix Associates of Florida, Inc. to take a drug and/or alcohol test in connection with my application for employment. I further understand that my failure or refusal to take such a test will result in denial of my application for employment.	
Signature	Date