



Employment Application

6 Commerce Blvd.
Palm Coast, Florida 32164-7961

For Office Use only:	W/C _____
	Criminal Check _____
	Employment Verification _____
	Drug Test _____

APPLICANT INFORMATION

Date: _____

Name: _____ Social Security No. _____ - _____ - _____
Last First Middle

Have you ever worked under a different name? If yes, please indicate name used: _____

Address: _____
Number & Street City State Zip Code

E-Mail Address: _____

Home Phone: () Work Phone: ()

Position (s) Applying for: _____ Full Time Part Time Salary Requirements: \$ _____

When are you able to start work? _____ What Days/Hours are you able to work? _____

Are you related to anyone working here? No Yes

If Yes, Who? _____

Have you ever been employed by Palm Coast Data Inc (or any predecessor company) before? No Yes

If yes, indicate dates of employment _____ Department _____

Have you ever been employed by a temporary agency and assigned to work at Palm Coast Data? Yes No

If Yes, indicate employment agency _____ Dept worked in _____

Do you have the legal right to work in the United States? Yes No (If hired, proof of status will be required)

Are you at least 18 years of age? Yes No (If no, proof of authorization to work may be required)

Have you ever been convicted of a crime other than a minor traffic violation? Yes No

Failure to disclose conviction will automatically disqualify you from further employment consideration.

If Yes, give details: _____

Conviction of a crime will not necessarily be a bar to employment. Factors such as age at the time of the offense, type of offense, remoteness of the offense in time, and rehabilitation will be taken into account in determining effect on suitability for employment.

How did you hear of Palm Coast Data?

- | | | | |
|--|--|---|-----------------------------------|
| <input type="checkbox"/> Employee Referral | <input type="checkbox"/> Temp Agency | <input type="checkbox"/> Penny Saver | <input type="checkbox"/> Sign |
| <input type="checkbox"/> Former Employee | <input type="checkbox"/> DBCC Newspaper | <input type="checkbox"/> Flagler Times | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Chamber of Commerce | <input type="checkbox"/> College Placement | <input type="checkbox"/> Flagler Tribune | <input type="checkbox"/> One-Stop |
| <input type="checkbox"/> Web Search/Job Bank | <input type="checkbox"/> Florida Job Bank | <input type="checkbox"/> Daytona News Journal | <input type="checkbox"/> Other |

EDUCATION & TRAINING

	Name/Location of School	Course of Study	Graduate	Type of Degree
High School			Yes No	
College/University			Yes No	
Business/Trade School/Other			Yes No	



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SKILLS LIST

Please check any skills you have below:

Typing Speed ___ /wpm Data Entry ___ 10Key ___ PC Skills ___ Word ___ Excel ___ Access ___ Outlook ___ Filing ___
Bookkeeping ___ A/P ___ A/R ___ Billing ___ Bank Reconciliation ___ Call Center ___ Machine Operator ___ Forklift ___
HVAC ___ Inventory ___ Mailing Equipment ___ Production Work ___ Assembly ___ Labeling Equipment ___ USPS ___
Other (list): _____

EMPLOYMENT HISTORY

Please include names and addresses of all previous employers beginning with your most recent or current place of employment. Please indicate if we may contact your present/past employers for a reference.

ONE	Company Name: _____	Phone: _____
	Address: _____	Employed From: _____ To: _____
	Position Held: _____	Supervisor: _____
	Reason for Leaving: _____	Wages Start: _____ End: _____
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
TWO	Company Name: _____	Phone: _____
	Address: _____	Employed From: _____ To: _____
	Position Held: _____	Supervisor: _____
	Reason for Leaving: _____	Wages Start: _____ End: _____
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
THREE	Company Name: _____	Phone: _____
	Address: _____	Employed From: _____ To: _____
	Position Held: _____	Supervisor: _____
	Reason for Leaving: _____	Wages Start: _____ End: _____
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		

APPLICANT PLEASE READ AND SIGN BELOW:

I certify that the information contained in this application is correct and complete to the best of my knowledge. I understand that falsification of information on this application in any detail is grounds for immediate dismissal from employment. I hereby authorize investigation of all statements I have made herein. I hereby release said companies or persons, and Palm Coast Data from all liability for any damage for this information. In the event I am employed, I understand that employment at Palm Coast Data is on an at-will basis and that the at-will nature of employment can only be changed in a writing signed by both the applicant/employee and the President of the Company. I agree to comply with all of Palm Coast Data's policies, rules and regulations including passing a post offer drug screen and physical exam.

Applicant's Signature _____

Date _____