

## **Employm**

nent Application
of Birth:
ZIP Code
ate of Pay: \$
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					APPL	ICAN <sup>1</sup>	T INFORMATION			
Full Name:								Date of Birth:		
	First									
Address:	Street Ad	ddress								
	01/001/10	201000								
	City							State	ZIP Code	
Phone:							Email:			
Date Availab	ate Available: Social					Security No.:			Desired Rate of Pay: \$	
Position App										
List friends o										
Are you authorized to work in the U.S.?					YES	NO				
Have you ever worked for this company?					YES	NO	If yes, when?			
YES NO						NO				
If yes, explai	n:									
						EDU	JCATION			
High School:										
Did you grad	YES NO				ma:					
College:										
YES NO Did you graduate?			·ee:							
Other Educa	tion:									
Did you grad	uate?	YES	NO	Deg	ree:					
							ERENCES			
Full Name:						•	professional references.	Dho	ne:	
Full Name:									ne:	
Full Name:									ne:	

PREVI	OUS EMPLOYMENT							
Company:	Phone:							
Responsibilities:								
Company:	Phone:							
Responsibilities:								
Company:	Phone:							
Responsibilities:								
	GENCY CONTACT							
Person to be notified	in case of an accident or emergency:							
Name:	Phone:							
Address:								
DISCLAIR	MER AND SIGNATURE							
<ul> <li>Florida Keys Electric is a drug free work force. before being considered for employment.</li> </ul>	orida Keys Electric is a drug free work force. All applicants must consent to a pre-employment drug screening efore being considered for employment.							
omission of facts called for is cause for dismiss	ined in this application. I understand that misrepresentation or al. Further, I understand and agree that my employment is for no of payment of my wages and salary, be terminated at any time.							
I certify that my answers are true and complete	to the best of my knowledge.							
By signing the below signature line, you are acknown	wledging the above statements.							

Date:

Signature: