



Application for Employment

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Date _____

Last name _____ First name _____ Middle name _____

Street Address _____

City _____ State _____ ZIP _____

Home Tel# _____ Cell # _____

In case of emergency
 notify: _____ Relationship _____ Phone# _____

Position applied for _____ When can you start? _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.) Yes No

Have you ever been convicted of a felony? (This will not necessarily affect your application.) Yes No

If yes, please describe conditions. _____

Education

School Name and Location	Year	Major	Degree
High School _____	_____	_____	_____
College _____	_____	_____	_____
College _____	_____	_____	_____
Post-College _____	_____	_____	_____
Other Training _____	_____	_____	_____

In addition to your work history, are there other skills, qualifications, or experience that we should consider?

Employment History (Start with most recent employer)

Company Name _____
Address _____ Telephone _____
Date Started _____ Starting Wage _____ Starting Position _____
Date Ended _____ Ending Wage _____ Ending Position _____
Name of Supervisor _____
May we contact? Yes No
Responsibilities _____

Reason for leaving _____

Company Name _____
Address _____ Telephone _____
Date Started _____ Starting Wage _____ Starting Position _____
Date Ended _____ Ending Wage _____ Ending Position _____
Name of Supervisor _____
May we contact? Yes No
Responsibilities _____

Reason for leaving _____

Company Name _____
Address _____ Telephone _____
Date Started _____ Starting Wage _____ Starting Position _____
Date Ended _____ Ending Wage _____ Ending Position _____
Name of Supervisor _____
May we contact? Yes No
Responsibilities _____

Reason for leaving _____

Personal references:	Name	Phone#
1.	_____	_____
2.	_____	_____
3.	_____	_____



PLEASE READ CAREFULLY INITIAL AND SIGN

_____ I understand Raynor Shine Services LLC is committed to maintaining a drug free work place. Accordingly I may be subject to a pre-employment blood, urinalysis or other drug/alcohol screening. I further understand that if employed here Raynor Shine Services LLC reserves the right to conduct drug testing at any time in accordance with both Federal and State Laws.

_____ I understand Raynor Shine Services LLC has a post-accident drug/alcohol testing program. Any employee involved in a work related accident that requires medical treatment above and beyond first aid will be required to submit to a post-accident drug/alcohol test once medical treatment is administered. If an employee refuses to test, adulterates or tampers with a specimen or has a positive confirmed drug/alcohol test they may forfeit their eligibility for medical and indemnity benefits under Florida's Workers Compensation law (Florida statute 440.101 and 440.102) and will be subject to disciplinary action including possible discharge. I hereby release to Raynor Shine Services LLC the results of the test(s) to which I have consented. I further authorize Raynor Shine Services LLC to discuss the results with medical personnel/physician collecting the specimen, the testing facility, its directors, officers, agents, and employees responsible for administering the aforementioned test(s) or evaluation the results thereof and any of them herein. I also authorize Raynor Shine Services LLC to discuss the results with its legal advisors and to use the test results as a defense to any legal action to which I am a party. I further release any testing facility or any physician who have tested me from any liability arising from a release of any and all results, written reports, medical records and data concerning my test(s) to the appropriate Employer officials. I also agree to have all results, medical records and data concerning my test(s) released to Raynor Shine Services LLC.

_____ I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history.

_____ I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of this company, other than the president, has any authority to alter the foregoing.

Signature _____ Date _____