

Florida Drawbridges, Inc.

Name: _____ Social Security # _____

Address: _____ Phone Number _____

_____ Date able to start: _____

Education and Training

From/ To	College, University, Other	City & State	Degree/Year
High School	Graduated ___yes ___no		XXXXXXXXX/

Work History

Please list employment experiences, including temporary and part-time. Begin with your most recent employer. Account for all periods of time, including unemployment and service in the Armed Forces.

May we contact your present employer? Yes No

From/ To	Job Title	Phone #/ Supervisor	Wage	Reason For Leaving

Please list two references, preferably your last two employers.

Company	Person	Telephone Number

Have you ever been convicted of a crime? If yes, give details.

Are you able to comply with or meet the duties, job requirements and minimum qualification of the job?
Do you have any limitations which would prohibit you from doing your job? If not, please explain.

1. Please explain why you are interested in working for Florida Drawbridges Inc.?
2. Please explain what you think would be good traits for an electrician.
3. What do you think the major responsibilities are for the “Captain of the Ship”?
4. What do you consider to be the greatest accomplishment in your life?
5. What aspects of your work give you the greatest satisfaction?
6. What favorite hobbies or pastimes do you enjoy?

I hereby certify that the facts contained in this application are true and complete and I further understand that if any false information, omissions or misrepresentations in this application or any other document or interview(s) are discovered, my application for employment shall be rejected and, if I am employed, my employment may be immediately terminated at any time. I authorize The Florida Drawbridge Company to verify the information on this application or any other document or interview(s) information and release from all parties all liabilities for any damages that result from furnishing this information. I understand that, if hired by The Florida Drawbridge Company, my employment is for no definite period and that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the Company’s option. I also understand that the conditions of my employment may be changed with or without cause, and with or without notice, at any time by the Company.

Print Name

Signature

Date