



FLORIDA LINEN SERVICES

Application for Employment An Equal Opportunity Employer

PERSONAL INFORMATION		TELEPHONE #.		
Last Name:	First	Middle		
Present Address:	Street	City	State	Zip
Permanent Address: (if different)				
Are you 18 years of age or older?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Apartment No.
If not, give your birth date _____				
Are you prevented from lawfully becoming employed in this country because of Visa or immigration status? <input type="checkbox"/> Yes <input type="checkbox"/> No				
EMPLOYMENT DESIRED				
Position	Date you can start		Salary desired	
Are you employed now? <input type="checkbox"/> No <input type="checkbox"/> Yes If so, may we inquire of your present employer? <input type="checkbox"/> No <input type="checkbox"/> Yes				
Ever applied to this company before? <input type="checkbox"/> No <input type="checkbox"/> Yes Where? When?				
What days are you available for work? <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday				
What shift are you willing to work? <input type="checkbox"/> Days (1 st) <input type="checkbox"/> Afternoons (2 nd) <input type="checkbox"/> Nights (3 rd)				
Reason for leaving:				
Name of last supervisor?				
Who referred you?	<input type="checkbox"/> Work Force One	<input type="checkbox"/> Newspaper Ad	<input type="checkbox"/> Employment Office	Staffing Agency
<input type="checkbox"/> Name	<input type="checkbox"/> Walk in	<input type="checkbox"/> Friend	<input type="checkbox"/> Other <input type="checkbox"/>	
EDUCATION				
School Level	Name and Location of School	*No. of Yrs. attended	*Did you Graduate?	Subjects Studied
Grammar School				
High School*				
College*				
Trade, Business or Correspondence School				

*This form has been revised to comply with the provisions of the Americans with Disabilities Act, Regulations and interpretive guidance by the EEOC on December 14, 2008.

FORMER EMPLOYERS (List below last three employers, starting with last one first)

Name and address of present or last employer

Starting date (Mo./Year)

Leaving Date (Mo./Year)

Weekly starting salary

Weekly final salary

Job title

May we contact your supervisor?

 Yes No

Name and title of supervisor

Phone

Description of work

Reason for leaving

Name and address of present or last employer

Starting date (Mo./Year)

Leaving Date (Mo./Year)

Weekly starting salary

Weekly final salary

Job title

May we contact your supervisor?

 Yes No

Name and title of supervisor

Phone

Description of work

Reason for leaving

REFERENCES: Give the names of three persons not related to you, whom you have known at least one year.

Name

Address

Business

Yrs. Acquainted

1.

2.

3.

SERVICE RECORD

Branch of Service

Discharge Date/Rank

Present membership in National Guard or Reserves

Date Obligation Ends

ADDITIONAL QUESTIONS

Are you able to perform the essential functions of the job for which you are applying?

 Yes No

What languages do you speak fluently?

 English Spanish Creole French Other _____

What languages do you read fluently?

 English Spanish Creole French Other _____

What languages do you write fluently?

 English Spanish Creole French Other _____

Have you been convicted of a crime (felony or misdemeanor) within the last 10 years?*

 Yes No

Describe:

AUTHORIZATION

"I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

Any offer, or actual commencement, of employment is conditional of my passing a drug, and/or alcohol, screening process. The use, possession, or dealing of any drugs or alcohol on Company property, or Company time, constitutes grounds for immediate dismissal.

I give permission for the Company to conduct investigations whether the records are of a public, private, or confidential nature. These investigations might include, but are not limited to, searches of educational institutions attended; financial or credit institutions, including records of loans; records of commercial or retail credit agencies; other financial statements; records of previous employment, including work history, efficiency ratings, complaints and grievances filed by or against me; records and recollections of attorney-at-law or of other counsel, whether representing me or any other person (in either a civil or criminal case in which I have been involved); records from the U.S. Veterans' Administration; criminal history information of file in local, state or federal agencies; and motor vehicle records, and following an employment offer, workers' compensation reports from either the Department of Labor, National Personnel Records or the Industrial Commission or similar agencies under the provisions of the Fair Credit Reporting Act 15, USC section 1681 et seq. I also authorize the National Personnel Records Center, or other custodian of my military service record, to release the following information and/or copies of documents from my military service record: DD214, service record, and any disciplinary records. The information below is necessary to conduct background checks and will not be used for any other purpose, in accordance with state and federal employment law.

Date of Birth _____ Last 4 digits Social Security Number _____

Drivers License _____ State _____

I understand that these searches will be used to determine work assignment or employment eligibility under the company's employment policy. Therefore, I authorize and consent for full release of records (either orally or in writing) to the authorized representatives of the company. In addition, I release and discharge the company and its agent and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs expenses or any other charge or complaint filed with any agency arising from retrieving and reporting this information. I understand that according to the Federal Fair Credit Reporting Act, I am entitled to know whether employment was denied based upon the information obtained and to receive, upon written request, a disclosure of the background report.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree 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 and agree that the terms and condition of my employment may be changed, with or without cause and with or without notice, at any time by the company.

Date _____ **Signature** _____

Incomplete, or illegible, applications will not be considered. Applications are kept on file for 1 year after submission.

EQUAL OPPORTUNITY EMPLOYMENT / DIVERSITY

This Company provides equal employment opportunity to qualified persons without regard to race, color, religion, gender, national origin, age, handicaps, disability or veteran status, except where any such criteria is a bona fide occupational qualification.

As the workforce changes and global competition touches every facet of our society, American companies are increasingly recognizing the value of a diverse workforce. Florida Linen Services is no exception. We encourage you to support our diversity initiative and to participate in diversity training sessions when offered at the plant.

We strictly prohibit, and are opposed to, all forms of harassment, including sexual, racial, ethnic, handicap/disability or religious harassment.

