



EMPLOYEE APPLICATION FORM

Phone: (813) 458-2859 Fax: (813) 398-5801

Email: Pavilistransportationllc@gmail.com

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Contact Information: _____ OR _____

Email Address: _____

Date of Birth: _____ Social Security# _____

What position are you applying for? _____

Expected salary: _____ (Based on IBudget Florida Rate Table Limitations)

Are you a U.S. Citizen, or are you otherwise authorized to work in the U.S. without any restriction?

Yes No

If yes, please describe circumstances (or attach/provided proper documentation):

Have you ever been involuntarily terminated or asked to resign from any position of employment? Yes No

If "yes" please describe the circumstances (or attach/provided proper documentation):

If selected for employment, are you willing to submit to a local law and FDLE Level II background fingerprint test?

Yes No

Education	School Name	Location	Years Attended Month & Year	Degree or Diploma	Major

List Certifications or Licenses currently held:

Please provide a copy of each certifications or Licenses.

EMPLOYMENT HISTORY

(Most recent first)

Employer 1: _____

Job Title: _____

Dates Employed: From _____ (month & year) To: _____ (month & year)

Prior Position(s) Held with this company (if any): _____

Address: _____

Phone: _____ Supervisor's Name: _____

Starting Salary: _____ Ending Salary: _____

Duties Performed: _____

Reason(s) for leaving: _____

Employer 2: _____

Job Title: _____

Dates Employed: From _____ (month & year) To: _____ (month & year)

Prior Position(s) Held with this company (if any): _____

Address: _____

Phone: _____ Supervisor's Name: _____

Starting Salary: _____ Ending Salary: _____

Duties Performed: _____

Reason(s) for leaving: _____

Employer 3: _____

Job Title: _____

Dates Employed: From _____ (month & year) To: _____ (month & year)

Prior Position(s) Held with this company (if any): _____

Address: _____

Phone: _____ Supervisor's Name: _____

Starting Salary: _____ Ending Salary: _____

Duties Performed: _____

Reason(s) for leaving: _____

ACKNOWLEDGMENT AND AUTHORIZATION

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed **90 days**. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an **“at will”** nature, which means that the subcontractor (employee) may resign at any time and the contractor (employer) may discharge subcontractor (employee) at any time with or without cause.

It is further understood that this **“at will”** employment relationship may not be changed by any written document or by conduct **unless such change is specifically acknowledged in writing by an authorized executive (administrative staff) of this organization.**

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand. I understand, also, that I am required to abide by all rules and regulations of the contractor (employer).

Signature Applicant

Date

Note:

All applicant must submit application by email or fax **ONLY!**

At: Pavilistransportationllc@gmail.com

Fax it at: 813-398-5801