



APPLICATION FOR HOURLY POSITIONS
Florida

Print or Type Answers to All Questions

Date of Application _____

NAME		
STREET ADDRESS		
CITY	STATE	ZIP
PREVIOUS ADDRESS (if at present address less than one year)		
CITY	STATE	ZIP
HEALTH CERTIFICATION	Yes	No

POSITION DESIRED	
SALARY DESIRED	
PHONE- HOME	CELL
Are there any days of the week or holidays that you will NOT be able to work?	
Email address	

WORK EXPERIENCE: List your previous experience beginning with your most recent position

PLEASE CIRCLE THE NAME OF ANY EMPLOYER WHOM YOU DO NOT WANT CONTACTED AT THIS TIME

EMPLOYER		
ADDRESS		PHONE NUMBER REQUIRED
STARTING POSITION	SALARY LAST POSITION	SALARY
DATES EMPLOYED FROM (month/year)	TO	IMMEDIATE SUPERVISOR
DUTIES	REASON FOR LEAVING	

EMPLOYER		
ADDRESS		PHONE NUMBER REQUIRED
STARTING POSITION	SALARY LAST POSITION	SALARY
DATES EMPLOYED FROM (month/year)	TO	IMMEDIATE SUPERVISOR
DUTIES	REASON FOR LEAVING	

EMPLOYER		
ADDRESS		PHONE NUMBER REQUIRED
STARTING POSITION	SALARY LAST POSITION	SALARY
DATES EMPLOYED FROM (month/year)	TO	IMMEDIATE SUPERVISOR
DUTIES	REASON FOR LEAVING	

Your application will be considered active for 90 days. After that time, if you continue to have interest in employment, you should submit another application.

SAITO'S IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

EDUCATION:

Type of School	Name of School	Address of School	Field of Study	Level Completed	Graduate
High School					<input type="checkbox"/> Yes <input type="checkbox"/> No
College					<input type="checkbox"/> Yes <input type="checkbox"/> No
Business, Trade or Correspondence					<input type="checkbox"/> Yes <input type="checkbox"/> No

Who referred you to the Company? If a specific Employment Agency, Employee, or Organization, please give full name
List names and positions of any relatives employed with the Company.

What are your Career Objectives?

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.?

Yes No

Have you been convicted of a felony?

Yes No

If Yes, state details and dates:

CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FOR EMPLOYMENT

AVAILABILITY:	MON	TUE	WED		THURS	FRI	SAT	SUN
DAY SHIFT								
NIGHT SHIFT								

In case of emergency, please contact:

Phone:

OTHER PROFESSIONAL REFERENCES: Please list 3 professional references.

NAME	POSITION & COMPANY	ADDRESS	PHONE NUMBER

IMPORTANT

AGREEMENT: PLEASE READ THE FOLLOWING AND SIGN YOUR NAME BELOW

I compliance with Federal and State Equal Employment Opportunity Laws, qualified applicants are considered for all positions applied for without regard to race, color, religion, sex, national origin, age, veteran's status, disability, or any other legally protected status.

In the event of my employment, I understand that false or misleading information given in my application or interview(s) may result in discharge and that my first three months of employment will be probationary. In consideration of my employment, I agree to conform to the rules and regulations of the Company. I acknowledge and understand that (1) no policy, rule, regulation, guideline, manual, position guide, newsletter, poster, procedure or similar writing constitutes a guaranty of employment or a contract of employment with the Company, (2) my employment and compensation can be terminated at any time, for any reason or for no reason, by the Company or me, and (3) no manager or official of the Company (other than the CEO or President in writing) had the authority on enter into any contract or agreement with me for employment for any specified period of time, or to make any contract or agreement contrary to the foregoing.

I understand that unless otherwise prohibited by applicable law, I may be required at any time to submit to a physical, urinalysis, or other examination as a condition of my employment with the Company, including a pre-employment urinalysis drug test. By accepting employment, I agree to submit to such examinations or tests as required by the Company, all at Company expense.

I authorize you to make such investigations and inquiries of my persona, employment or financial history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons whom all liability in responding to inquiries in connection with my application.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

If your application is considered favorably, on what date will you be available for work? _____

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

Signature of Applicant _____ Date _____