



# SFI Investigations, LLC

8424 E Haines Ct  
 Floral City, FL 34436  
 EMAIL: [info@sfi.com](mailto:info@sfi.com)

PHONE: (727) 600-9062  
 Lic. #: B 1700184

## EMPLOYMENT APPLICATION

<b>SECTION 1.</b>					<b>Last Name, First Initial:</b>
<b>PERSONAL INFORMATION</b>					
Name (Last, First, MI):					
Street Address:					
City, State, Zip:					
Home Phone Number:		Work Phone Number:			
Fax Number:		E-mail Address:			
Social Security Number:		Driver's License #: State/Expiration			
State DOACS License Number:		State DOACS License Expiration Date:			
<b>EMPLOYMENT DESIRED</b>					
Position Applied For:					
How did you hear about this position?					
Date available for work?		Desired hours: full time, part time, etc.		Desired Salary	
<b>EDUCATION</b>					
	Name and Address of School	Course of Study	Total Years of Study	Degree/Diploma	
High School					
Undergraduate College					
Graduate/Professional					
Other (Specify)					
List any seminars, classes or other education not listed above which may help qualify you for this position (if you need additional space, please use page 7):					
.....					
.....					

**Today's Date:**



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## SECTION II.

### EMPLOYMENT HISTORY

List below all present and past employers over the past ten years, starting with your **most recent** employer. Account for all periods of unemployment. You must complete this section even if attaching a resume. May we contact your current employer?  YES  NO

1.	Employer (current <input type="checkbox"/> Yes <input type="checkbox"/> No)	Start Date	End Date	Essential job functions of final position	
	Address			1.	
	City, State, Zip		Starting Salary	Ending Salary	2.
	Phone number				3.
	Fax number		Supervisor(s)		4.
	Job position(s)		E-mail address of supervisor		
	Reason(s) for leaving				
2.	Employer	Start Date	End Date	Essential job functions of final position	
	Address			1.	
	City, State, Zip		Starting Salary	Ending Salary	2.
	Phone number				3.
	Fax number		Supervisor(s)		4.
	Job position(s)		E-mail address of supervisor		
	Reason(s) for leaving				
3.	Employer	Start Date	End Date	Essential job functions of final position	
	Address			1.	



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	City, State, Zip	Starting Salary	Ending Salary	2.
	Phone number			3.
	Fax number	Supervisor(s)		4.
	Job position(s)	E-mail address of supervisor		
	Reason(s) for leaving			
4.	Employer	Start Date	End Date	Essential job functions of final position
	Address			1.
	City, State, Zip	Starting Salary	Ending Salary	2.
	Phone number			3.
	Fax number	Supervisor(s)		4.
	Job position(s)	E-mail address of supervisor		
	Reason(s) for leaving			
5.	Employer	Start Date	End Date	Essential job functions of final position
	Address			1.
	City, State, Zip	Starting Salary	Ending Salary	2.
	Phone number			3.
	Fax number	Supervisor		4.
	Job position(s)	E-mail address of supervisor		
	Reason(s) for leaving			
6.	Employer	Start Date	End Date	Essential job functions of final position



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Address				1.
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## SECTION III.

### ADDITIONAL INFORMATION

List any professional, trade, business or civic activities and offices held. You may exclude membership that would reveal gender, race, religion, national origin, ancestry, age, disability or any other protected status.

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List any languages other than English that you can speak, read or write that could be of benefit to the position applied for:

	Fluent	Good	Fair
Speak			
Read			
Write			

Identify formal job training that relates to this position:

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Identify what skills or certification you possess related to this position:

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If you are hired, what value would you add to our company?:

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Describe what you believe are the most unique features of your work history:

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## ADDITIONAL INFORMATION

Have you ever been employed with this company before?  Yes  No  
If Yes, when? .....

Do you have any friends or relatives employed by this company?  Yes  No  
If Yes, please provide their names and relationship to you: .....

Are you currently employed?  Yes  No  
May we contact your employer?  Yes  No  
Are you currently on "lay off" status and subject to recall?  Yes  No

If you are under 18 years of age, can you provide proof of your eligibility to work?  Yes  No

If hired, can you provide proof of U.S. citizenship or proof of your legal right to work in the U.S.?  Yes  No

Are you able to perform all of the essential functions of the job for which you are applying with or without reasonable accommodation?  Yes  No

If hired, are there any accommodations the company would need to provide so that you can perform all those essential functions and duties of the position being applied for?  Yes  No  
If Yes, please explain: .....

If driving is a requirement of the position applied for, have you in the last 7 years been convicted of Driving Under the Influence "(DUI)"  Yes  No

If hired, do you have a reliable means of transportation to and from work?  Yes  No



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If hired, would you be able to travel or work overtime as needed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a felony or misdemeanor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please explain:		

### INSTRUCTIONS FOR ANSWERING APPLICATION QUESTION ABOUT BEING CONVICTED OF A CRIME OR OTHER STATE-SPECIFIC REQUIREMENTS

A criminal record does not constitute an automatic bar to employment and will be considered only as it substantially relates to the job in question. If you are applying for a position with our company in the following states, please read the following instructions before responding.

- CA** Do not provide information concerning:
- (1) any conviction for which the record has been judicially ordered sealed, expunged or statutorily eradicated. or;
  - (2) any misdemeanor conviction for which probation has been completed or discharged and the case has been judicially dismissed.



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## SECTION IV.

### REFERENCES

List below three persons not related to you who have knowledge of your work performance within the last 5 years

Name		Occupation
Company name	Address	
Telephone	E-mail	Relationship & years acquainted
Name		Occupation
Company name	Address	
Telephone	E-mail	Relationship & years acquainted
Name		Occupation
Company name	Address	
Telephone	E-mail	Relationship & years acquainted



