

LOGCOR, INC

PO BOX 21966
SARASOTA, FL 34276
PHONE; 941-870-2570



Employment Application (U.S. Citizens / SOFA Positions)

APPLICANT INFORMATION													
Last Name			First			M.I.		Date					
Street Address					Apartment/Unit #								
City			State			ZIP							
Phone			E-mail Address										
Date Available			Social Security No.			Desired Salary							
Position Applied for													
Are you a citizen of the United States?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Have you ever worked for this company?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?						
Have you ever been convicted of a felony?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain						
Special Training:													
Special Skills:													
Interests:													
Desired Position:													
EDUCATION													
High School			Address										
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						
College			Address										
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						
Other			Address										
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						
REFERENCES													
<i>Please list three professional references.</i>													
Full Name			Relationship										
Company			Phone										
Address													
Full Name			Relationship										
Company			Phone										
Address													
Full Name			Relationship										
Company			Phone										
Address													

PREVIOUS EMPLOYMENT

Company Phone

Address Supervisor

Job Title Starting Salary Ending Salary

Responsibilities

From To Reason for Leaving Personal growth

May we contact your previous supervisor for a reference? YES NO

Company Phone

Address Supervisor

Job Title Starting Salary Ending Salary

Responsibilities

From To Reason for Leaving

May we contact your previous supervisor for a reference? YES NO

Company Phone

Address Supervisor

Job Title Starting Salary Ending Salary

Responsibilities

From To Reason for Leaving

May we contact your previous supervisor for a reference? YES NO

MILITARY SERVICE

Branch From To

Rank at Discharge Type of Discharge

If other than honorable, explain

DISCLAIMER AND SIGNATURE

AFFIDAVIT, CONSENT AND RELEASE

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT WITH CLEANING BUTLERS OF SARASOTA INC NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

Signature Date