

EMPLOYMENT APPLICATION

Name: _____ Today's Date: _____
DOB: _____
Address: _____ Home Phone: _____
City, Zip: _____ Cell Phone: _____
Referred by: _____ Email Address: _____
Relationship: _____ Position Applied For: _____
Date you can start: _____ Current Wage: _____

Are you over the age of 18? **Yes** **No** *If no, state your age:* _____

Do you want to work **Full-time:** **Part-time:**

If part time, specify days and hours: _____

Have you ever been employed by John J Rack, Inc.? **Yes** **No**

If yes, when? _____

Are you willing to work (as necessary)?

Overtime? **Yes** **No**

Weekends? **Yes** **No**

Out-of-Town Overnight? (Mon thru Fri)? **Yes** **No**

Do you have a valid Florida Driver's License? **Yes** **No**

How many days of work (or school) have you missed in the last two years? _____

Are you a citizen of the U.S. or do you have the legal right to be employed in the United States?

Yes **No**

NOTE: Answering yes to the following two questions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation will be considered. (Do not include minor traffic infractions and convictions for which the record has been sealed or expunged.)

Have you ever pled guilty or no contest to, or been convicted of a misdemeanor or felony **Yes** **No**

Explain:

Have you been arrested for ANY matters for which you are out on bail or on your own recognizance pending trial?

Yes **No**



153 NW 16th St.
Boca Raton, FL 33432
Phone: (561) 391-3550
Fax: (561) 892-3801

If yes, state the nature of offense, when, where and disposition:

*A conviction record will not necessarily be a bar to employment. This information will be used for job-related purposes and only to the extent permitted by law.

MILITARY SERVICE:

Have you ever served in the US Armed Forces?

Yes No

List all duties in the service, including special training that is *relevant* to the position for which you have applied:

EMPLOYMENT HISTORY: List in order, last or current employer first. Account for any gaps in your employment.

Employer Name: _____ Telephone: _____

Address: _____ Supervisor: _____

Dates Employed: From: _____ Rate of Pay: Starting: _____

To: _____ Ending: _____

Position Held: _____ Reason for Leaving: _____

Duties: _____

Employer Name: _____ Telephone: _____

Address: _____ Supervisor: _____

Dates Employed: From: _____ Rate of Pay: Starting: _____

To: _____ Ending: _____

Position Held: _____ Reason for Leaving: _____

Duties: _____

If you need more room to complete your prior work history, please use the back of this page or additional sheets of paper.

EDUCATION:

School: _____ Address: _____

Course of Study: _____ Years Completed: _____

Did you graduate? _____ Diploma or Degree Received: _____



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SPECIAL SKILLS:

Electrical Skills/Knowledge:

Construction Trades:

Heavy Equipment/Specialty Tool Proficiency: _____

Please describe why you are interested in working for our company and to list any other skills and abilities that you feel especially qualify you for a position with us.

REFERENCES: (DO NOT LIST RELATIVES OR PREVIOUS EMPLOYERS):

1. Name: _____ Telephone: _____
Address: _____ Years Known: _____
2. Name: _____ Telephone: _____
Address: _____ Years Known: _____
3. Name: _____ Telephone: _____
Address: _____ Years Known: _____

IN CASE OF AN EMERGENCY, WHO SHOULD BE NOTIFIED?

Name: _____ Telephone: _____
Address: _____ Relationship: _____

Name: _____ Telephone: _____
Address: _____ Relationship: _____



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AGREEMENT (PLEASE READ CAREFULLY BEFORE SIGNING)

I _____ certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal of hire or termination of my employment.

I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with John J Rack, Inc. creates an actual or implied contract of employment. I understand that, if I accept employment with John J Rack, Inc., it will be at an at-will basis. This means that either John J Rack, Inc. or I have the right to terminate the employment relationship at any time, for any reason, with or without cause.

I agree to submit to drug and alcohol testing, if requested by John J Rack, Inc. I release John J Rack, Inc., and its employees, plus other persons or companies, from any and all liability arising out of or related in any way to such testing.

I authorize John J Rack, Inc. to investigate information concerning my education, employment experiences and all other aspects of my background relevant to my proposed employment. I release John J Rack, Inc. and its employees from all liability arising from such investigation.

Signature of Applicant: _____ **Date:** _____

Name of Applicant (PRINT): _____

John J Rack, Inc. considers all applicants for employment without regard to race, color, religion, sex, national origin, age, sexual orientation, handicap or disability, or status as a Vietnam-era or special disabled veteran in accordance with Federal laws prohibiting discrimination in employment.

Federal laws require that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with such laws, **John J Rack Inc** will verify the status of every individual offered employment with the company. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as required by law to verify your identification and employment authorization upon employment.



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LETTER OF AUTHORIZATION

The undersigned acknowledges as a condition of their employment, that the employer, John J Rack, Inc., may require their services in the operation of vehicles that are owned, leased or rented by the employer.

In that, it is reasonable and prudent that the employer restricts the use of such vehicles to employees with acceptable driving records. The undersigned authorizes the employer and the agent to secure copies of the applicant's Motor Vehicle Report. The information in that report can and will be shared by the employer, their agent, and various insurance companies for the exclusive purpose of evaluating their record and determining their acceptability as a vehicle operator.

Results of this evaluation will be provided to the applicant upon request.

Applicant

Witness

Dated

Dated

Full Name: _____

Date of Birth: _____

D. L. Number: _____

State of Issue: _____



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