

# APPLICATION FOR EMPLOYMENT

TODAY'S DATE: \_\_\_\_\_  
EQUAL OPPORTUNITY EMPLOYER



To be considered an applicant, you must complete this form. A resume may also be attached. Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. This application is to fill the current position only.

## PERSONAL INFORMATION:

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City State Zip  
Telephone \_\_\_\_\_  
Email Address: \_\_\_\_\_

## POSITION APPLYING FOR:

Job Title: \_\_\_\_\_  
Available Start Date: \_\_\_\_\_ If employed, may we contact present employer? Yes  No   
If not employed, how long have you been unemployed? \_\_\_\_\_  
Rate of Pay Expected: \_\_\_\_\_

## EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	CIRCLE HIGHEST GRADE COMPLETED	DID YOU GRADUATE?
HIGH SCHOOL	1 2 3 4 5 6 7 8 9 10 11 12	
COLLEGE	1 2 3 4 5 6	
OTHER		

## EMPLOYMENT HISTORY (Please start with the most recent)

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City State Zip  
Telephone: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Dates From: \_\_\_\_\_ To: \_\_\_\_\_  
Position Held: \_\_\_\_\_  
Primary Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**EMPLOYMENT HISTORY** (Please start with the most recent)

Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
                     Street                                    City                                    State                                    Zip  
 Telephone: \_\_\_\_\_  
 Supervisor Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Dates From: \_\_\_\_\_ To: \_\_\_\_\_  
 Position Held: \_\_\_\_\_  
 Primary Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

**EMPLOYMENT HISTORY** (Please start with the most recent)

Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
                     Street                                    City                                    State                                    Zip  
 Telephone: \_\_\_\_\_  
 Supervisor Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Dates From: \_\_\_\_\_ To: \_\_\_\_\_  
 Position Held: \_\_\_\_\_  
 Primary Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

**PROFESSIONAL REFERENCE 1**

Full Name: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Connection to you: (i.e. co-worker, manager): \_\_\_\_\_ Occupation: \_\_\_\_\_

**PROFESSIONAL REFERENCE 2**

Full Name: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Connection to you: (i.e. co-worker, manager): \_\_\_\_\_ Occupation: \_\_\_\_\_

**PROFESSIONAL REFERENCE 3**

Full Name: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Connection to you: (i.e. co-worker, manager): \_\_\_\_\_ Occupation: \_\_\_\_\_

Have you ever been convicted of a felony? Yes  No

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment – all circumstances will be considered:

\_\_\_\_\_

**EMPLOYMENT APPLICATION  
DISCLAIMER AND ACKNOWLEDGEMENT**

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I understand that the information is subject to verification by Steering Creations, Inc. (SCI) and that incomplete, false, misleading or inaccurate information may result in rejection of this application and that false information may result in my dismissal of employed.

I authorize any person, organization or company listed on this application to furnish you with any and all information concerning my previous employment, education and qualifications for employment. I authorize you to request and receive such information. I also hereby release SCI as well as my former employer(s), school(s) and references identified in this application from any and all claims and liabilities that may arise from disclosure of information concerning me to SCI. I also give my permission for SCI to investigate my personal history through, among other things, review of criminal history records, motor vehicle records and other records as may be appropriate. I hereby give my consent to the Florida Department of Motor Vehicles, the Florida Department of Public Safety, the Florida Department of Children and Families and the Federal Bureau of Investigation to release records concerning me to SCI.

In consideration for my employment, I agree to abide by the rules and regulations of the company, which rules may be changed, withdrawn, added or interpreted at any time, at the company's sole option and without prior notice to me. I agree, if I am offered and accept a position, to conform to all existing and future rules and regulations and I understand that SCI reserves the right to change wages, hours and working conditions as deemed necessary. I ALSO UNDERSTAND THAT, IF HIRED, MY EMPLOYMENT WILL BE AT-WILL, MEANING THAT EITHER PARTY CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.

I understand that any employment offer is contingent upon my providing, within three (3) working days of employment, valid proof of identity and eligibility to work in order to comply with the Immigration Reform and Control Act of 1986.

I have read and reviewed the information provided in this application and the above statements. By signing this application I certify that I understand all parts of it and have answered all questions completely and fully.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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Steering Creations, Inc. is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Steering Creations, Inc. depends solely on your qualifications.

**Thank you for completing this application form and for your interest in our business.**