



625 E. 10th Ave. Hialeah, Florida 33010
Phone: 305-863-6360
Fax: 305-887-9741

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Date of Birth: _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

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: _____

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

In exchange for the consideration of my job application by _____ (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of _____ or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President/General Manager of the Company. Both the undersigned and _____ may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. Thereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references and others, and hereby release the Company from any liability as a result of such contract

I also understand that (1) the Company has a drug and alcohol policy that provides for preemployment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request

from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

This Company is an equal employment 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 this Company depends solely on your qualifications.

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____

Date: _____

PRE-EMPLOYMENT DRIVER INFORMATION AND AUTHORIZATION

I hereby authorize Reach International Inc. to obtain Motor Vehicle Reports for myself from any State Motor Vehicle Department for pre-employment screening and at any time during my employment. I understand that the use of company vehicles is to be solely for company business matters.

Full Name: _____

Driver license Number: _____

Signature: _____

Date: _____

APPLICANT CONSENT AND RELEASE FROM LIABILITY

I understand that Reach International Inc. (Reach) has a policy against the possession, use, sale or transfer of illegal drugs by its employees. I further understand that Reach is committed to a drug free workforce and drug testing is one method of implementing that policy. I hereby consent to taking of my hair and or urine samples by Reach or its agents for the purpose of drug testing and to the testing of samples. I hereby release and hold harmless Reach, its officers or agents from claims or liability arising from such test including the testing process and procedures, the analysis and disclosure of the results, I hereby further consent to the release of any test reports on such samples or other related medical information from the testing laboratory to Reach and to the use of all such reports or other information in Reach's assessment of my employment application and/or employment status. I do hereby release the laboratory, its officers, its employees, agents and representatives from any liabilities arising from the authorized release or use of the information derived from or contained in my test results. Refusal to participate or positive test results will be cause for rejection of my application or dismissal after employment. I understand that all final employment decisions are subject to satisfactory

completion of all elements of the employment process. Finally, I understand that Reach as a condition for employment reserves the right to drug test at any time during my employment and as allowed by applicable federal and state laws.

PLEASE PRINT CLEARLY

Signature: _____ **Date:** _____

Printed Name: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

Under the provisions of the fair Credit Reporting Act U.S.C., Sec. 1681 and all applicable federal, state and local laws. I hereby authorize and permit Reach International Inc. (Reach) to obtain, and any person, firm or entity to release to Reach the following: 1) my employment record: 2) records concerning any criminal history: 3) verification of my academic and/or professional credentials: and 4) social security number verification. The above items may include information as to my character, general reputation or personal characteristics I hereby release and hold harmless any person, firm or entity that discloses matters in accordance with this authorization, and Reach from liability that might otherwise result from the request for use of and/or disclosure of any and all the foregoing information, This authorization shall be valid for 90 days from the date signed and a photographic or faxed copy of the authorization shall be as valid as the original.

PLEASE PRINT CLEARLY

Full Name: _____ **Date:** _____

Signature: _____

Notes: