



2230 31st Street South

727-321-3404

Employment Application

Applicant Information

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

Address: _____
Street Address Apartment/Unit #
City State ZIP Code

Phone: () E-mail Address:

Date Available: Social Security No.: Desired Wage: \$

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 yes, when?		
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			

If yes, explain:

Education

High School: Address: Did you graduate? YES NO

College: Address: Did you graduate? YES NO Degree:

Other: Address: 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

*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: _____



Applicant Questionnaire

- Are you 18 years old or older? _____ Yes _____ No
- Is there any reason why you would NOT be able to lift and carry 70 pounds by yourself?
 - No _____ Yes _____ Reason: _____
- Which do you prefer? _____ Part-Time _____ Full-Time
- How many hours per week do you prefer to work? _____ hrs/wk
- What day(s) of the week are you NOT available to work? _____
- Are you currently employed? _____ No _____ Yes
 - If so, may we contact your current employer for a reference?
 - No _____ Yes _____
- Have you ever been fired from a job? _____ No _____ Yes
 - If YES, explain circumstances: _____
- Have you ever quit a job without providing at least one week notice?
_____ No _____ Yes If YES, explain circumstances: _____
- Have you ever been involved in a work related accident where you or another employee were injured? _____ No _____ Yes If YES, explain circumstances: _____
- Have you ever been involved in a work related accident where property damage occurred?
_____ No _____ Yes If YES, explain circumstances: _____
- What things would prevent you from working evenings, working weekends, working over the time you are scheduled, or accepting last minute changes to the schedule? _____
- Tell about any work experience related to events or weddings that would be helpful in the position for which you are applying? _____
- Do you have experience driving a fork lift? _____ No _____ Yes If YES, describe your experience: _____
- Did someone else, besides yourself (the applicant), fill out this application for you?
_____ No _____ Yes If YES, tell why: _____



Driver Questionnaire

Do you expect to drive as part of your duties in the position for which you are applying? _____
If YES, then continue with questionnaire. If NO, then go to Info Release on next page.

- Do you have a valid driver license? _____ Yes _____ No

- Driver license #: _____ State: _____

- How long have you had a valid driver license? _____ years

- Has your driver license ever been revoked for any reason? _____ No _____ Yes
If YES, then what was the reason? _____

- Do you have a CDL? _____ No _____ Yes

- List any work-related experience driving company vehicles
 - Make/Model or Type of vehicle: _____
 - # of months _____ Average Miles/Week _____
 - Make/Model or Type of vehicle: _____
 - # of months _____ Average Miles/Week _____
 - Make/Model or Type of vehicle: _____
 - # of months _____ Average Miles/Week _____

- Have you received any driver training? _____ No _____ Yes
 - Course content: _____
 - Institution and/or Instructor: _____

- List any accidents, work-related or otherwise, in the past five years: _____

- List any tickets, work-related or otherwise, in the past five years: _____



Applicant Notification/ Release of Information

In connection with your application for employment, Coast to Coast Event Rentals may obtain a consumer report on you as part of our process of considering you for employment. These reports may include public record information such as your driving record, criminal history, social security verification and address history.

I hereby authorize your company or any agent of your company to contact any and all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county, and federal courts and military services to release information about my background including, but not limited to, information about my employment, education, consumer credit history, driving record, criminal record, and general public records history to the person or company with which this form has been filed. This releases the aforesaid parties from any liability and responsibility for collecting the above information. This release shall remain in effect for the length of my employment. I understand I have the right to obtain a free copy of this consumer report if; (1) Any adverse action/decision is made based on the information in the consumer report, & (2) If the request is made in writing within 60 days of the adverse action. If an Investigative consumer Report is conducted, I will be notified in writing with in three days from request of said report. I believe to the best of my knowledge that all information I have provided is accurate true and correct and that I fully understand the terms of this release.

Applicant's Name _____

Signature _____

Social Security Number ____/____/____

Driver's License Number _____ State _____

Date _____