

117 South 9th Street, Fernandina Beach, FL 32034 Phone: 904-491-5700 Fax: 904-491-5777 www.ManzieAndDrake.com

> "OUR *SIGHTS* ARE ON THE FUTURE, SET YOUR *SITES* ON US."

Application for Employment

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Date	_		
Last name		_ First name	Middle name
Street Address			
City	State	ZIP	
Telephone		Social Security #	
Are you a U.S. citizer may be required to pro-			U.S. on an unrestricted basis? (You
Are you looking for f	ull-time employme	ent? 🛛 Yes 🕞 No	
If no, what hours are	you available?		
Have you ever been c	onvicted of a felor	y? (This will not neces	sarily affect your application.)
If yes, please describe	conditions.		

Employment Desired

Position applied for	
How did you hear of this opening?	
Have you ever applied for employment here? Yes No	
When? Where?	
Have you ever been employed by this company? \Box Yes \Box No	
When?	
Are you presently employed? 🗖 Yes 🛛 No	
May we contact your present employer? 🗖 Yes 🛛 No	
Are you available for full-time work? 🛛 Yes 🖓 No	
Are you available for part-time work? 🗖 Yes 🛛 No	
Will you relocate? 🖸 Yes 📮 No	
Are you willing to travel?	
Date you can start	
Desired position	
Desired starting salary	
Please list applicable skills	

Education

School Name and Location	Year	Major	Degree
High School			
College			
College			
Post-College			
Other Training			
In addition to your work history, are there are other skills, qualifies should consider?	cations, o	or experience	that we

Please list any scholastic honors received and offices held in school. Are you planning to continue your studies? Yes No If yes, where and what courses of study?			
		Telephone	
		Starting Position	
		Ending Position	
		-	
May we contact? Yes Responsibilities			
Reason for leaving			
Company Name			
Address		Telephone	
Date Started	_ Starting Wage	Starting Position	
Date Ended	Ending Wage	Ending Position	
Name of Supervisor			
May we contact? Yes Responsibilities			
Reason for leaving			

Company Name			
Address		Telephone	
Date Started	Starting Wage	Starting Position	
Date Ended	_ Ending Wage	Ending Position	
Name of Supervisor			
May we contact? \Box Yes	D No		
Company Name			
Address		Telephone	
Date Started	Starting Wage	Starting Position	
Date Ended	Ending Wage	Ending Position	
Name of Supervisor			
May we contact? \Box Yes	D No		
Responsibilities			
Reason for leaving			
Company Name			
Address			
		Starting Position	
		Ending Position	
Name of Supervisor			
May we contact? Yes			
Responsibilities			
Reason for leaving			

Company Name				
Address		Telephone		
Date Started	Starting Wage	Starting Position		
Date Ended	Ending Wage	Ending Position		
Name of Supervisor				
May we contact? Yes No				
Responsibilities				
Reason for leaving				

References

List three personal references, not related to you, who have known you for more than one year.

Name	Phone	Years Known
Address		
Name		Years Known
Address		
Name		Years Known
Address		

Emergency Contact

0 1		
In case of emergency, please notify:		
Name		Phone
Address		
	Phone	
Address		

Please Read Before Signing:

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

I authorize my previous employers, schools, or persons listed as references to give any information regarding employment or educational record. I agree that this company and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of any employment with this company, I will comply with all rules and regulations as set by the company in any communication distributed to the employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to the company that verifies my right to work in the United States on the first day of employment. I have received from the company a list of the approved documents that are required.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I hereby acknowledge that I have read and understand the above statements.

Signature Date

Please mail, fax or deliver your completed application to our office.

Manzie & Drake Land Surveying

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