

SANIBEL PACKING COMPANY, INC.
 2477 Periwinkle Way, Sanibel, FL 33957

FOR OFFICE USE ONLY	
Dept _____	Rate _____
Position _____	Date _____

APPLICATION FOR AT-WILL EMPLOYMENT

(An Equal Opportunity Employer)

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status. We will give this application every consideration. However, in accepting it, the Company makes no commitment of employment to the applicant. This application will remain active for 180 days.

WE ARE AN AT-WILL EMPLOYER, MEANING THAT EITHER THE EMPLOYER OR THE EMPLOYEE MAY END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.

BASIC INFORMATION: Please print in ink.

Position Applied For:	Date of Application:
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative
	<input type="checkbox"/> Walk-In
	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Present Address	City	State Zip Code
Permanent Address	City	State Zip Code
Telephone Number(s)	Social Security Number	

Salary desired: _____ Date Available: _____

Are you 18 years or older? Yes No

Have you been convicted of a crime within the last 7 years? Yes No

If yes, please explain:

A conviction will not necessarily disqualify you from employment

Are you a United States Citizen? Yes No

If no, are you lawfully authorized to work in the United States? Yes No

EMPLOYMENT HISTORY: Start with your present or most recent job. Include any job-related military service assignments, self-employment, summer and part-time jobs.

1	Company	Address		Telephone	
Dates Employed	From	To	Starting Salary	Leaving	Supervisor
Your Duties:					
Reason for Leaving:					
2	Company	Address		Telephone	
Dates Employed	From	To	Starting Salary	Leaving	Supervisor
Your Duties:					
Reason for Leaving:					
3	Company	Address		Telephone	
Dates Employed	From	To	Starting Salary	Leaving	Supervisor
Your Duties:					
Reason for Leaving:					
4	Company	Address		Telephone	
Date Employed	From	To	Starting Salary	Leaving	Supervisor
Your Duties:					
Reason for Leaving:					

If presently employed, why do you desire to change your position? _____

If you are now employed, may we contact your present employer? Yes No

Have you ever been dismissed or forced to resign from a position? Yes No

If yes, please explain: _____

Have you applied here before? Yes No

No

Date: _____

Were you employed here before? Yes No

Dates: _____

Please list any other job related skills, qualifications, or licenses that support your application: _____

REFERENCES: (not former employers or relatives)

Name	Address	Phone Number

EDUCATION:

School	Name and Address of School	Course of Study	Circle Last Year Completed	Did You Graduate?	List Diploma or Degree
High			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

INTERESTS: Use the space below to describe your interests. (You may wish to include civic and community activities, professional societies in which you participate, hobbies, sports, etc.) If you need more space, please use a separate sheet.

Please Read Before Signing:

The facts set forth in my application for employment are true and complete. I understand that if employed, false or misleading statements on this application shall be considered cause for immediate dismissal. In making this application for employment I authorize you to make and/or investigate a report whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics, and mode of living. This inquiry, if made, also may include information concerning any and all employment discrimination claims and/or accusations brought against me, including, but not limited to, charges and/or accusations brought against me that relate to harassment and/or discrimination involving race, sex, age, religion, disability, and/or national origin.

I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigation or report that is made.

I understand that, in accordance with Florida Statute 443.131(3)(a)(2), if hired, I will be placed on a 90-day probationary period. I further understand that if I am terminated for unsatisfactory work performance within the 90-day probationary period, the employer may seek to contest any unemployment benefit I might attempt to obtain as a result of my termination.

I UNDERSTAND THAT, IF THE COMPANY EMPLOYS ME, EITHER THE COMPANY OR I CAN TERMINATE MY EMPLOYMENT WITH OR WITHOUT CAUSE AT ANY TIME AND FOR ANY OR NO REASON. I also understand that no official of the Company other than the Chief Executive Officer has any authority to enter into an agreement for employment for any specific period of time or to make any agreement contrary to the foregoing.

Signature of Applicant

Date

WE ARE AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER