## A.F.I.R.E. of Pasco County, Inc.

Applicant Information							
Last Name	First			M.I.	Date		
Street Address					Apartment/Unit #		
City	State	State			Zip		
Phone	E-mail	E-mail					
Date Available	y Employed?	Employed? YES NO Des			esired Salary		
Position Applied for							
Are you legally eligible to work in the U.S.? Yes No							
Have you ever worked for this co	No ☐ If yes,	No ☐ If yes, when?					
Have you ever been convicted c	No ☐ If yes,	lo □ If yes, explain.					
Education							
High School		Address	Address				
From To	Did you graduate?	Yes □ No	□ Degree				
College		Address	Address				
From To	Did you graduate?	Yes □ No	□ Degree				
Other Address							
From To	Did you graduate?	Yes □ No	Degree				
Employment History							
Company				From	) 	То	
Address			Phone #			_	
Supervisor			Responsiblities				
May we contact? Yes No							
Company			From	1	То		
Address			Phone #				
Supervisor			Responsiblities				
May we contact? Yes No							
Company			From	1	То		
Address		Phone #					
Supervisor			Responsiblities				
May we contact? Yes No							



A.F.I.R.E. of Pasco County, Inc.

References	
Full Name	Relationship
Company	Phone #
Address	
Full Name	Relationship
Company	Phone #
Address	
Full Name	Relationship
Company	Phone #
Address	

## Disclaimer and Signature

I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to hire me, or for discharge should I be hired.

I authorize any person, organization or company listed on this application to furnish you any and all information concerning my previous employment, education and qualifications for employment. I also authorize you to re-quest and receive such information.

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for my employment, I agree to abide by the rules and regulations of the company, which rules may be changed, withdrawn, added or interpreted at any time, at the company's sole option and without prior notice to me.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 also acknowledge that my employment may be terminated, or any offer or acceptance of employment with-drawn, at any time, with or without cause, and with or without prior notice at the option of the company or myself.

Signature:	Date:
Signature:	

