Employment Application

Please complete the entire application.

1. Employer Information

Employer: Cam's Transport Company

Address: 2985 Elbib Drive

City/State/ZIP: Saint Cloud, Florida 34772

Email: Ashley.batista@camsgroupinc.com

It is the policy of Cam's Transport Company to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability, or veteran status.

2. Applicant Information

Applicant Full Name:	
Home Address:	
City/State/ZIP:	
Number of years at this address:	
Daytime Phone:	Evening Phone:
Mobile Phone:	_
Social Security Number:	
Driver's License (State/Number):	
3. Emergency Contact	
Who should be contacted if you are invol	lved in an emergency?
Contact Name:	
Relationship to you:	
Address:	
City/State/ZIP:	
Daytime Phone:	Evening Phone:

4. Job Position Applied For: Administrative Assistance

5. Who referred you to our company?	
Do you have any friends or relatives who work here? If yes, please list here:	
6. Have you applied to our company previously? Yes No	
If yes, when?	
7. Are you at least 18 years old? Yes No	
8. How will you get to work?	
9. If you are offered employment, when would you be available to begin work?	

10. If hired, are you able to submit proof that you are legally eligible for		
employment in the United States? Yes No		
11. Applicant's Skills		
Check those skills that you have. List any other skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the number that corresponds to your ability for each particular skill. (One represents poor ability, while five represents exceptional ability.)		
Ability		
or		

		_ 12345
		_ 12345
12. Applicant Employment History		
List your current or most recent employment first. Plea and military service) that you have held, beginning wit gaps in employment. If additional space is needed, con	h the most recent, and l	ist and explain any
Employer Name:		
Supervisor Name:		

Address:
City/State/ZIP:
Job Duties:
Reason for Leaving:
Dates of Employment (Month/Year):
Employer Name:
Supervisor Name:
Address:
City/State/ZIP:
Job Duties:
Reason for Leaving:
Dates of Employment (Month/Year):
Employer Name:
Supervisor Name:

Address:	
City/State/ZIP:	
Job Duties:	
Reason for Leaving:	
Dates of Employment (Month/Year):	
13. Applicant's Education and Training	
College/University Name and Address	
Did you receive a degree? Yes No If yes, degree(s) received:	
High School/GED Name and Address	
Did you receive a degree? Yes No	
Other Training (graduate, technical, vocational):	

Please indicate any current professional licenses or certifications that you hold:

Awards, Honors, Special Achievements:
Military Service:
Yes No
Branch:
Specialized Training:
14. References
List any two non-relatives who would be willing to provide a reference for you.
Name:
Address:
City/State/ZIP:
Telephone:
Relationship:

Name:	
Address:	
City/State/ZIP:	
Telephone:	
Relationship:	
15. Please provide any other information that you believe are bound by any agreement with any current emp	oloyer:

Certification

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for the rejection of my application or, if employment commences, immediate termination.

I authorize Cam's Transport Company to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Administrative Director, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Cam's Transport Company, except in a specific written contract of employment signed on behalf of the organization by its Administrative Director, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION, AND I UNDERSTAND AND AGREE TO ITS TERMS.

Applicant Signature	Date