# http://www.vistaprint.com/sf/_langid-1/_/vp/ns/logos/viewlogo.aspx?cnf=Crespo+Services%2c+Inc&icid=140&csid=3&fsid=13&arid=8&msid=0&txid=0&tid=1&cfid=0&xcf=&drid=0&width=120&height=100

1111 N. Westshore Bvd, Suite 207A

**Tampa, FL 33607**

Email: cresposervices\_resumes@yahoo.com

Ph: 813-770-6712

Fx: 813-944-5007

# Employment Application

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Information | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | | |  | | | | | | | | First | |  | | | | | | | | M.I. | | Date | |  | |
| Street Address | | | |  | | | | | | | | | | | | | | | | | Apartment/Unit # | | | |  | |
| City |  | | | | | | | | | | State | |  | | | | | | | | ZIP |  | | | | |
| Phone |  | | | | | | | | | | Cell | |  | | | | | | | |  |  | | | | |
| Date Available | | | |  | | | | | Social Security No. | | | |  | | | | | | | Date of Birth | | |  | | | |
| Email Address | | | | | |  | | | | | | | | | | | | |  | | | | | | | |
| Position Applied For | | | | | |  | | | | | | | | | | | | | Salary Required | | | | | | | |
| Shifts available to work? | | | | | | 1ST\_\_\_\_\_\_\_\_\_\_\_ 2nd \_\_\_\_\_\_\_\_\_\_\_\_\_ 3rd \_\_\_\_\_\_\_\_\_\_\_\_\_ Are you willing to work weekends? YES  NO | | | | | | | | | | | | | | | | | | | | |
| Are you a citizen of the United States? | | | | | | | | | | YES | | NO | If no, are you authorized to work in the U.S.? | | | | | | | | | | | YES | | NO |
| If authorized to work in the United States - | | | | | | | | | | Alien # | |  |  | | |  | | | | | | | | | | |
| Have you ever worked for this company? | | | | | | | | | | YES | | NO | If so, when? | | |  | | | | | | | | | | |
| Have you ever been arrested or convicted of a felony? | | | | | | | | | | YES | | NO | If yes, explain | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Education | | | | | | | | | | | | | | | | | | | | | | | | | | |
| High School | | |  | | | | | | | | | Address |  | | | | | | | | | | | | | |
| From | |  | | | To | |  | Did you graduate? | | | | YES | NO | | Degree | | |  | | | | | | | | |
| College | |  | | | | | | | | | | Address |  | | | | | | | | | | | | | |
| From | |  | | | To | |  | Did you graduate? | | | | YES | NO | | Degree | | |  | | | | | | | | |
| Other | |  | | | | | | | | | | Address |  | | | | | | | | | | | | | |
| From | |  | | | To | |  | Did you graduate? | | | | YES | NO | | Degree | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Skills (Check all that apply) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Typing\_\_\_\_\_(wpm) Data Entry  Accts payable  Accts Receivable  Customer Services  Receptionist | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Quick Books  Accounting Software \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Spreadsheet\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Graphics\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Word Processing\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Internet | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Assembly  Solder  Rework  Inventory  Shipping/Receiving  Machine Operator  Technician | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other (PLEASE SPECIFY)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| References | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please list three professional references. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | |  | | | | | | | | | | | Relationship | | | |  | | | | | | | | |
| Company | | |  | | | | | | | | | | | Phone | | | ( ) | | | | | | | | | |
| Full Name | | |  | | | | | | | | | | | Relationship | | | |  | | | | | | | | |
| Company | | |  | | | | | | | | | | | Phone | | | ( ) | | | | | | | | | |
| Full Name | | |  | | | | | | | | | | | Relationship | | | |  | | | | | | | | |
| Company | | |  | | | | | | | | | | | Phone | | | ( ) | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Previous Employment (can we contact your present employer? 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 |  | | | | | | |
| 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: Are you a veteran of the u.s. military services? if yES please answer below | | | | | | | | | | | | | | | | | | | |
| Branch | |  | | | | | | | | | | | | From | |  | To |  | |
| Rank at Discharge | | | | | |  | | | | | | | | Type of Discharge | | | | |  |
| If other than honorable, explain | | | | | | | |  | | | | | | | | | | | |
| **IN CASE OF EMERGENCY, NOTIFY:** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Name: Phone: Relationship: | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | Applicant AGREEMENT | | | | | I agree that I will not accept any position from any of Crespo Services, Inc clients without consent and written release from Crespo Services, Inc. If for any reason an employer that is a client of Crespo Services, Inc offers me employment without Crespo Services, Inc consent and written release I will contact Crespo Services, Inc. immediately and not accept the position. If I accept a position without a written release from Crespo Services, Inc. I will be held responsible for all cost and attorney fees pertaining to the law suit that will be brought against me including all cost and attorney fees for Crespo Services, inc. | | | | | **Signature** |  | **Date** |  |  |  |  |  |  | | --- | --- | --- | --- | | notice to applicant | | | | | This Employer is an equal opportunity employer. This provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, gender, sexual orientation, national origin, age, disability, marital status, amnesty, or status as a covered veteran in accordance with applicable federal, state and local laws. This Employer complies with applicable state and local laws governing non-discrimination in employment in every location in which the company has facilities. This policy applies to all terms and conditions of employment, including, but not limited to, hiring, placement, promotion, termination, layoff, recall, transfer, leave of absence, compensation, and training.  This Employer complies with the Americans with Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination and all information will be kept confidential and in separate files.  This Employer expressly prohibits any form of unlawful employee harassment based on race, color, religion, gender, sexual orientation, national origin, age, disability, or veteran status. Improper interference with the ability of Crespo Services employees to perform their expected job duties is absolutely not tolerated | | | | | Signature |  | Date |  | | | | | | | | | | | | | | | | | | | | |
| Disclaimer and applicant statement | | | | | | | | | | | | | | | | | | | |
| I certify that my answers are true and complete to the best of my knowledge. I authorize the investigation of all matters contained to this application and hereby give the employer permission to contact schools, previous employers, references, and others, and hereby release the employer from any liability as a result of such contact. I understand that misrepresentation, omission of facts or incomplete information requested in this application may remove me from further consideration for employment. In addition, if employed, any misrepresentations or omissions of facts called for this application will be caused for dismissal at anytime without any previous notice. Applicants accepted for employment should clearly understand that while we make every effort to provide steady, continuous work, we have no employment contracts, and we cannot guarantee the permanence of any position. Job tenure can be affected by many factors including business/economic conditions, changes in laws or employee policies, conformity to our work rules, job performance, etc. I understand that my employment with the employer is for no specific term and may be terminated by me or the employer with or without notice or cause at any time. I further understand that no oral promise, employer policy, custom business practice or other procedure (including the Employer’s Employee Handbook or any personnel manuals) constitutes an employment contract or modification of the at-will employment between me and the Employer. The contents of any employee handbook or personnel manuals, as well as other Employer policies and practices, are subject to change or modification by the Employer, solely discretion, without notice. We conduct our business with the highest possible degree of safety and efficiency. Because of this, the Employer may require applicants for employment to undergo blood and/or urinalysis screening for drug or alcohol use. Any applicant wishing to be considered for employment beyond 90 days should reapply.  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 |  | | |