K SEA TRADING

12201 NW 106TH CT, MEDLEY, FL 33178 TEL. (305) 888-9830 * FAX. (305) 888-9829

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION		DATE:	/ / .						
NAME		SOCIAL SECURITY No.							
PRESENT ADDRESS		ADDRESS IF DIFFERENT FROM PRESENT ADDRESS							
CONTACT NUMBER		REFFERED BY							
() -									
-									
POSITION DESIRED	SALARY DESIRED		DATE AVAILABLE						
ARE YOU EMPLOYED?	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?								
YES / NO	YES / NO								
HAVE VOLUED THIS COMPANY DEFORES	NAMED EO		Luumva						
HAVE YOU FOR THIS COMPANY BEFORE?	WHERE?		WHEN?						
YES / NO									
EDUCATION									
SCHOOL NAME AND LOCA	TION	YEARS ATTENDED	GRADUATED?	SUBJECT STUDIED					
CAREER OBJECTIVES BRIEFLY, TELL US WHAT IS YOUR IMMEDIATE AND LONG-TERM OBJECTIVES.									
BRIEFLY, TELL US WHAT IS YOUR IMMEDIATE	AND LONG-TERM OBJEC	IIVES.							
OTHER SKILLS									
LANGUAGE FLUENCY									

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FORMER EMPLOYERS									
DATE	NAME AND ADDRESS			SALARY	POSITI	ION	REASON FOR LEAVING		
(MONTH AND YEAR) FROM									
TROM									
TO									
FROM									
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FROM									
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TO				<u> </u>					
REFERENCES						NEADS MAINTE			
NAME		ADDRESS		BUSINESS		YEARS KNOWN			
ADDITIONAL INFORMATION									
HAVE YOU EVER BEEN CONVICTED OF ANY CRIME? YES / NO									
		TES / TO							
The state of the s		GIVING DATE, CHARGE, DISPOSITION							
NOTE THAT A CONVICTION RECORD WILL NOT BE A BAR TO EMPLOYMENT. ALL RELEVANT FACTORS SUCH AS SERIOUSNESS / NATURE OF THE INFRACTION AND REHABILITATION WILL BE CONSIDERED.									
AUTHODIZATION									
AUTHORIZATION									
I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND									
UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.									
I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE									
TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEYMAY									
HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.									
UTILIZATION OF SUCH INFURNIATION.									
I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY									
AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING,									
UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.									
THIS WAIVER DOES NOT PERMIT THE RELEASE OR USE OF DISABILITY-RELATED OR MEDICAL INFORMATION IN A MANNER									
PROHIBITED BY THE AMERICANS WITH DISABILITIES ACT (ADA) AND OTHER RELEVANT FEDERAL AND STATE LAWS.									
APPLICANT'S SIGNATURE:				_ DATE:					
INTERVIEWD BY:				DATE:					