



410 NORTH ST. SUITE 130, LONGWOOD, FLORIDA 32750 PH: 407-830-5884 FAX: 407-830-5004

## Employment Application

### An Equal Opportunity Employer

COMELCO Inc. is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodations in the application and or interview process should notify a representative of this organization. We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, martial or veteran status, the presence of non-job-related medical conditions or handicap, or any other legally protected status.

*Please print and fill out all sections.*

### Applicant Information:

Applicant First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

Home Phone \_\_\_\_\_ E-Mail Address; \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ S.S.# \_\_\_\_\_

Drivers License #; \_\_\_\_\_ Valid? [ ] Y or [ ] N.

Current Home Address:

Number and street \_\_\_\_\_

City \_\_\_\_\_

State & Zip \_\_\_\_\_

How were you referred to this company? \_\_\_\_\_

Are you a current member of the I.B.E.W.? Yes [ ] No [ ]

**Employment Positions:**

Position (s) applying for: \_\_\_\_\_

Temporary work? [ ] Full time [ ] Part-time [ ]

What date can you start work? \_\_\_ / \_\_\_ / \_\_\_\_\_

Can you work evenings? [ ] Y or [ ] N.

Can you work weekends? [ ] Y or [ ] N.

Will you be available for overtime? [ ] Y or [ ] N.

Salary or hourly pay requesting? \$ \_\_\_\_\_

**Personal information:**

Have you ever applied to work for this company before? Yes [ ] No [ ]

Do you have friends, relatives, or acquaintances working for this company? [ ] Y or [ ] N.

If yes, state name and relationship: \_\_\_\_\_

If hired, would you have transportation to and from work? [ ] Y or [ ] N.

Are you 18 years of age or older? [ ] Y or [ ] N.

Are you willing to travel if job requires it? [ ] Y or [ ] N.

If hired, would you be able to present evidence of your US citizenship or proof of your legal right to work in the United States? [ ] Y or [ ] N.

If hired, are you willing to submit to and pass a controlled substance test? [ ] Y or [ ] N.

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodations? [ ] Y or [ ] N.

Were you direct it to apply for this position by Union administrators with the purpose of unionizing this nonunion company? [ ] Y or [ ] N.

*(Note; COMELCO Inc. complies with the ADA and consider reasonable accommodations measures that may be necessary for eligible applicants or employees to perform an essential function. It is possible that a hire may be tested on skill and agility and may be subject to a medical examination conducted by a medical professional.)*

Have you ever been convicted of a criminal offense (felony or misdemeanor)? [ ] Y or [ ] N.

If yes please describe the crime, when and where convicted and disposition of the case.

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*(Note; no applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position applied for, may however be considered)*

## **Education, Training and Experience**

### **High school;**

High school name; \_\_\_\_\_

High schools city and state; \_\_\_\_\_

Number of years completed; \_\_\_\_\_

Did you graduate? [ ] Y or [ ] N.

### **College / University;**

School name; \_\_\_\_\_

Schools city and state; \_\_\_\_\_

Number of years completed; \_\_\_\_\_

Did you graduate? [ ] Y or [ ] N.

Degree or diploma earned; \_\_\_\_\_

**Vocational School;**

Name; \_\_\_\_\_

City and state; \_\_\_\_\_

Number of years completed; \_\_\_\_\_

Did you graduate? [ ] Y or [ ] N.

**Military;**

Branch; \_\_\_\_\_

Rank In Military; \_\_\_\_\_

Total years of service; \_\_\_\_\_

Skills/duties; \_\_\_\_\_

Related details some; \_\_\_\_\_

**Additional Information**

Do you speak or understand any foreign languages? [ ] Y or [ ] N.

If yes, describe which language? \_\_\_\_\_

Do you have any other experience, training, qualifications, or skills which you feel should be brought to our attention, in the case that they make you especially suited for working with us? [ ] Y or [ ] N.

If yes, please explain \_\_\_\_\_

## Employment History

Are you currently employed?  Y or  N.

If you are currently employed, May we contact your current employer?  Y or  N.

Below, please describe past and present employment positions, dating back five years. Please account for all periods of unemployment. **Even if you have attached a resume, this section must be completed.**

Name of employer; \_\_\_\_\_

Name of supervisor; \_\_\_\_\_

Telephone number; \_\_\_\_\_

Business type; \_\_\_\_\_

City, State; \_\_\_\_\_

Length of employment, include dates; \_\_\_\_\_

Position and duties; \_\_\_\_\_

Reason for leaving; \_\_\_\_\_

May we contact this employer for references?  Y or  N.

Start Pay Rate: \_\_\_\_\_ End pay Rate: \_\_\_\_\_

Name of employer; \_\_\_\_\_

Name of supervisor; \_\_\_\_\_

Telephone number; \_\_\_\_\_

Business type; \_\_\_\_\_

City, State; \_\_\_\_\_

Length of employment, include dates; \_\_\_\_\_

Position and duties; \_\_\_\_\_

Reason for leaving; \_\_\_\_\_

May we contact this employer for references? [ ] Y or [ ] N.

Start Pay Rate: \_\_\_\_\_ End pay Rate: \_\_\_\_\_

Name of employer; \_\_\_\_\_

Name of supervisor; \_\_\_\_\_

Telephone number; \_\_\_\_\_

Business type; \_\_\_\_\_

City, State; \_\_\_\_\_

Length of employment, include dates; \_\_\_\_\_

Position and duties; \_\_\_\_\_

Reason for leaving; \_\_\_\_\_

May we contact this employer for references? [ ] Y or [ ] N.

Start Pay Rate: \_\_\_\_\_ End pay Rate: \_\_\_\_\_

## References

Listed below three persons who have knowledge of your work performance within the last four years. Please include professional references only.

#1.Name- First, Last,\_\_\_\_\_

Telephone number;\_\_\_\_\_

City and state;\_\_\_\_\_

Occupation;\_\_\_\_\_

Number of years acquainted;\_\_\_\_\_

#2.Name- First, Last,\_\_\_\_\_

Telephone number;\_\_\_\_\_

City and state;\_\_\_\_\_

Occupation;\_\_\_\_\_

Number of years acquainted;\_\_\_\_\_

#3.Number of years acquainted;\_\_\_\_\_

Name- First, Last,\_\_\_\_\_

Telephone number;\_\_\_\_\_

City and state;\_\_\_\_\_

Occupation;\_\_\_\_\_

Number of years acquainted;\_\_\_\_\_

**Please Read an Initial Each Paragraph, Then Sign below:**

I certifying that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true and correct to the best of my knowledge and ability. I understand that any omission including any misstatements of material facts on this application or on any document used to secure this employment, can be grounds for rejection of application or, if I am employed by this company terms for my immediate expulsion from the company.

Initials\_\_\_\_\_

I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or the company.

Initials\_\_\_\_\_

I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I released the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

Initials\_\_\_\_\_

**Applicants Signature:**\_\_\_\_\_

**Date:**\_\_\_\_\_