

TradeWinds Towing LLC

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Position(s) Applied for _____

Name _____ Email Address: _____

Street _____ City _____ Zip _____

Home Phone (____) _____ Cell/Other Phone (____) _____ Drivers Lic.# _____

Are you legally eligible for employment in this country? Yes No

How were you referred? _____

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime?

(Conviction information will not necessarily exclude you from a position unless it's job related.) Yes No

Explain _____

EDUCATION

HIGH SCHOOL

Name _____ Years Completed 1 2 3 4 (circle)

Address _____ Diploma? Yes No

COLLEGE

Name _____ Years Completed 1 2 3 4 (circle)

Address _____ Diploma? Yes No

TECHNICAL OR SPECIAL TRAINING

Describe: _____

EMPLOYMENT EXPERIENCE

Please list each job held, unless an up-to-date resume has been provided. Start with your present or most recent job.

Employer 1	Employed	Supervisor's Name/Job Title: _____								
Address	From _____ Mo./Yr.	_____								
Telephone	To _____ Mo./Yr.	May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No								
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Reason for Leaving:										

Employer 2	Employed	Supervisor's Name/Job Title: _____								
Address	From _____ Mo./Yr.	_____								
Telephone	To _____ Mo./Yr.	May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No								
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Reason for Leaving:										

Employer 3	Employed	Supervisor's Name/Job Title: _____								
Address	From _____ Mo./Yr.	_____								
Telephone	To _____ Mo./Yr.	May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No								
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Address	From _____ Mo./Yr.	_____								
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If unemployed at any time, please describe reasons for unemployment. _____

Have you ever been discharged or forced to resign for misconduct or unsatisfactory performance? Yes No
If yes, please give details _____

Membership in Organization/Professional groups which may have a bearing on the position you are seeking.

Give any additional information which you feel may be helpful to us in considering your application. _____

PLEASE READ AND SIGN STATEMENTS BELOW

I understand that, in accordance with Florida Statute 443.131(3)(a)(2)if hired, I will be placed on a 90-day probationary period. I further understand that if I am terminated for unsatisfactory work performance within the 90-day probationary period, the employer may seek to contest any unemployment benefit I might attempt to obtain as a result of my termination. _____ (initials).

I understand and agree that all policies and procedures may be modified, amended, or deleted by the Company with or without notice to me of such amendment, modification or deletion; that the policies and procedures are not intended to be a contract of employment nor do they give me any right of continued employment; and that my employment may be terminated at my option or at the option of this Company with or without notice by either party. I also understand that there are no other arrangements, agreements, or understanding regarding the terms of employment. There may be no amendments or exceptions to this statement unless they are in writing. _____ (initials).

I certify that all information given on this employment application, any resume that I submit to the Company, and any related employment papers and answers given during oral interviews are true and correct. I understand that this Company may make a thorough investigation of my work and personal history. I authorize the giving and receiving of any such information requested by this Company during the course of such an investigation. I understand that if any information I have submitted is discovered to be false, I may be disqualified for employment and, if already employed, I may be subject to immediate dismissal. I hereby release from liability all persons who provide information to my employer during the course of any such investigation. _____ (initials).

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporation or organizations for furnishing such information about me _____ (initials).

I understand that this application remains current for only 45 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application _____ (initials)..

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard _____ (initials)..

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing statement.

Date: _____ Signature: _____