



# Central Florida Equipment

## Application for Employment



### Applicant Note

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. If employment is offered, it is strictly on an "at will" basis, which means that you may resign at any time, or Central Florida Equipment (CFE) may terminate your employment at any time for no reason, or for any reason not prohibited by law. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. Our company is an equal opportunity employer and will consider all applicants for all positions equally without regard to their race, sexual orientation, age, color, religion, national origin, veteran status or any disability as provided in the Americans With Disabilities Act. A felony conviction will not necessarily bar an applicant from employment. Affirmative action hiring may be requested by qualified applicants. Additional testing of job-related skills and for the presence of drugs on your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you may be required to complete a medical history form, and may be required to be examined by a medical professional designated by the company.

### Position Applied For / Job Code

### General Information

Name		Social Security	
Address		Home Phone	
City, State, ZIP Code		Work Phone	
Emergency Contact		Phone	
Prior Address		Have you applied at CFE before?	Yes No
Prior City, State, ZIP		Who referred you to CFE?	

### Drivers License

Drivers License Number		State of Issue:		Expiration Date	
Type of License:		Endorsements:		Restrictions:	

### Equipment Operator / Experience

List below any Vehicle / Equipment Accidents involved in over the past 5 years:			
Date	Nature of Accident	Injuries/Fatalities	State Occurred In

## Equipment Operator / Experience

List below any traffic citations, convictions, or forfeitures over the past 5 years (other than parking violations):			
Date	Location	Charge	Penalty

Class of Equipment	Type of Equipment Used	Months/Years	Company working for when operating the vehicle(s):
Heavy Equipment			
Oversized Loads			
Other			
List all states you have operated in over the past 5 years:			
List any special courses or training taken that may help you as an operator / driver:			
Have you been given a job description, or had the requirements of the job explained to you?		Yes	No
Do you understand these requirements?		Yes	No
Can you perform the requirements of this job with or without reasonable accommodation?		Yes	No

## Previous Employment

Employer / Address	Supervisor / Phone	From Year / To Year	Position / Salary	Describe your job responsibilities:

## Education

Level of Education	Name of School	From Year	To Year	Did you graduate?	List Degrees
High School				Yes No	
College				Yes No	
Graduate School				Yes No	
Other (Specify)				Yes No	

## Security

List all counties and states of residence for the past seven years.	
Have you used another name or Social Security Number, other than those listed above? Yes No	
Have you been convicted of a felony and/or served time for a felony within the past seven years? Note: A conviction will not necessarily disqualify you from employment. Yes No	

## References

Name	Address	Phone	Years Known	Relationship

## Availability

Position applied for:		Requested Rate of Pay:	
Full-Time Part-Time Temporary		Date Available to Work:	

## Comments

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## Certification, Release and ADR

By signing below, I certify that I have read and understand the applicant note on this form, and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information, including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited prior to and during employment. I agree to mediate in good faith any issue which arises concerning my hiring, my employment or termination from employment. I also understand that if hired, I am required to abide by all rules and regulations of the organization.

Digital Signature		Last 4 SSN		Application Date	
Email Address		Zip Code		© 2015 Central Florida Equipment	

PDF Form submission may not be available on the computer you are using. If your browser does not support PDF Form submission (if nothing happens when you click the Submit Application button above), you will need to:

- 1) Save the Application for Employment on your computer.
- 2) Find the folder on your computer that contains your Application for Employment.
- 3) Return to the Careers page on our website.
- 4) Click on the link to Human Resources Manager, below the How To Apply For A Position heading.
- 5) This should launch your computer's email editor.
- 6) Attach your Application for Employment to the email.
- 7) Send.