



The PowerCore Group

AN EQUAL OPPORTUNITY EMPLOYER

Application for Employment

DATE: _____

PERSONAL INFORMATION:

NAME (LAST NAME FIRST)		POSITION APPLIED FOR:		
MAILING ADDRESS		CITY	STATE	ZIP CODE
HOME PHONE NO. ()	CELL NO. ()	REFERRED BY:		
EMAIL ADDRESS:				
DRIVER'S LICENSE NO.		STATE ISSUED	CDL ____ Yes ____ No If 'Yes' is Medical Cert. current? ____ CLASS: A ____ B ____ C ____ D ____ E ____	
EMERGENCY CONTACT: RELATIONSHIP:		CONTACT'S PHONE NO. ()		

EDUCATION:

NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
TRADE OR OTHER SCHOOL			

SPECIAL TRAINING, SKILLS or CERTIFICATIONS:

EQUIPMENT OPERATING EXPERIENCE:

MILITARY SERVICE:

Were you in the armed services? ____ Yes ____ No

For Annual VETS 4212 (fka VETS 100) Reporting

If yes, please fill out below:

DATES OF DUTY:	RANK:	TYPE OF DISCHARGE:
LIST MAJOR RESPONSIBILITIES WHILE IN THE SERVICE AND ANY RELATED TRAINING TO POSITION APPLYING FOR:		

Have you ever pled guilty to or been convicted of anything other than a minor traffic violation?

____ Yes ____ No If yes explain. _____

Have you ever been charged with an offense (other than a minor traffic violation) where adjudication of guilt has been withheld pending probation? (adjudication withheld means you are not "convicted" of the crime although you are still found to be guilty of the crime.)

____ Yes ____ No If yes explain. _____

Answering yes to either of the above questions does not automatically bar employment.

Are you willing to accept employment which requires you to travel? ____ Yes ____ No

(Many positions within the company require frequent overnight stays)

Phone: (321) 253-1402

5101 W. Eau Gallie Blvd., Melbourne, FL 32934

Fax: (321) 253-2308

admin@powercore.us

FORMER EMPLOYERS (LAST THREE YEARS REQUIRED):

DATES MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SUPERVISOR'S NAME & TITLE & PHONE #	PAY RATE	POSITION & WORK PERFORMED	REASON FOR LEAVING
FROM					
TO:					
FROM					
TO:					
FROM					
TO:					
FROM					
TO:					

REFERENCES:

GIVE THE NAMES OF THREE PERSONS, NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	PHONE & ADDRESS	BUSINESS	YEARS KNOWN

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 they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

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 the owner.

DATE: _____

SIGNATURE: _____

Applicant, please **do not** write below this line.

INTERVIEWED BY: _____ DATE: _____

REMARKS:

NEATNESS:		CHARACTER:	
PERSONALITY:		ABILITY:	
HIRED:	POSITION:	WILL REPORT:	WAGES: