

Application for Employment

Today's Date

Your Personal Information					
Name					
Name	First		Middle		
Address					
		City	State	Zip Code	
Home Telephone	Cellular Telephone				
E-Mail Address					
Preferred Method of Contact:	☐ Home Telephone	☐ Cell Phone	☐ E-Mail		
	☐ Other				
Your Emergency Contact					
In Case of an Emergency, I Autl	horize You to Contact:				
Name	Telephone Number				

ALL QUESTIONS MUST BE ANSWERED
STATE "N/A" IF QUESTION IS NOT APPLICABLE

FURY MANAGEMENT GROUP IS AN EQUAL OPPORTUNITY EMPLOYER

Applications are received and employees are hired without regard to race, creed, color, sex (including pregnancy, sexual orientation, gender expression, and gender identity), religion, age, national origin, marital status, physical or mental handicap, disability, genetic information, veteran's status, citizenship status, or any other protected classes under state, local or county regulations. The receipt of this application does not mean that job openings exist and does not obligate us in any way. We appreciate your interest in our organization.

THIS IS A DRUG-FREE WORKPLACE

Tell Us About Yourse	elf (You must answer <u>eve</u>	e <u>ry</u> question on this appli	cation. If a question does	not apply, put "N/A." P	lease print.)
What position are you applying	for?				
What is your salary expectation	1? \$	W	When can you start work? (<i>Date</i>)		
How were you referred to us? _	(If you were referred	hy a person, please pro	vide the name)		
Have you completed an applica			es, date/location		
Have you been employed here			es, date/position/location		
Are you available to work (Chec			ime Temporary		
Papadetin na Papadetin paga tanggan paga paga paga paga paga paga pag			*************************************	LI Nights LI We	ekenus
Are there any days or times du (Reasonable accommodation of religious n	eeds that do not create an undue h	ardship will be considered, if app	licable)		
If yes, please list the days/time	s you are not available t	to work			
If necessary, can you provide p	roof that you are over a	ny minimum work age	e requirement?	Yes □ No	
Are you willing to work overtime	e?	☐ No Do yo	u have steady transpor	tation to work?	Yes No
Can you travel, if required?	☐ Yes	☐ No What	percentage of time?		
Are you on a layoff and subject	to recall?	□ No May v	e contact your present	employer?	Yes □ No
How much time have you lost f	rom work during the pas	st 12 months?			
Are you now, or do you expect	to be, engaged in any c	other business or emp	loyment while working h	nere?	Yes □ No
If yes, please explain					
Are you presently an officer, en	nployee, or employer of	another business in c	our industry or with who	m we compete?	Yes □ No
If yes, please explain			*	- S	
Are you currently subject to a company in the position for whi		ment or Restrictive C ☐ Yes	Control of the Contro	ohibit you from wor	king at our
If yes, provide a copy of the ag	reement and state the n	name of the company:			
Have you ever been terminated	d or asked to resign fron	n a job? 🔲 Yes	□ No		
If yes, please explain					
Why do you desire to make a c	hange?				
Are you legally eligible to work	in the United States?	☐ Yes ☐ No (Pro	of of eligibility/identity required upo	n hire)	
What three things are most imp	oortant to you in a job? 1	1)	2)	3)	
What three things are most important to you in a job? 1) 2) 3)					
What type of work do you most					
Why do you want to work here?					
Your Educational Ba	ckaround				
			Degree Received		
Schooling	Did You Graduate?	Years Completed	and Major Subject	Name of School	Location
High School or GED	☐ Yes ☐ No				
Trade, Business, or Correspondence	☐ Yes ☐ No				
College	☐ Yes ☐ No				
Graduate School	☐ Yes ☐ No				

Tell Us About	Your Special Skills	and Qualifications			
List any special skills,	List any special skills, training, or experience that may be relevant to this position or our company				
List any professional,	List any professional, trade, business, or civic activities that would relate to working here				
List any foreign langua	ages that you fluently speak	read, and/or write that would relate to working h	nere		
List software programs	s that you are proficient in _				
Tell Us About	Your Marine-Relate	ed Certifications			
☐ Captain's License: ☐ CPR Certification ☐ Boater's Safety Ce	Type: Lifeguard Certificationertification: State	ated certifications or licenses that you have: n	ation Worker Identifite Issued:	ication Credential	
Tell Us About	Your Driving Recor	d (Necessary for positions that may require use of a	personal or company	vehicle for work)	
Do you hold a valid and unexpired Driver's License that is not currently suspended or revoked? If yes, provide the state Have you been convicted of any moving violation(s) in the last 5 years? Yes No If yes, give date(s) and explanation of each					
Your Military S	ervice				
Branch of Service		Rank at discharge, if applicable	Dates of Service From:	То:	
List Duties and Specia	al Training and/or Skills		-		
Tell Us About	Any Records				
Have you ever been convicted of, received a sentence for, pled nolo contendere (no contest) to, been placed on probation, or fined by any judicial or quasi-judicial body for a crime, other than a minor traffic violation? NOTE: Answering "yes" to this question is not an automatic bar to employment. Arrest records and juvenile, sealed, and expunged records should not be disclosed. Any other criminal record not disclosed by you may be considered falsification of this application, which may result in revocation of					
any criminal reco	If yes, describe the details	of the conviction/offense, the sentence for the coand year), and your rehabilitation since then:		**************************************	

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I ell Us About Your Past (Answering "y	es" to any of these question	s is not an automatic bar t	o employment.)	
eve you ever been disciplined or terminated from any job for an act of violence, harassment, discrimination, ethical breach or theft?				
☐ Yes ☐ No If yes, explain the circumstances, employer, and date				
-				
Have you ever been a defendant in a civil actio tortuous interference with a business relationship, defamation,	on for an intentional tort? invasion of privacy, fraud and m	(e.g., assault, battery, false srepresentation, abuse of pro-	imprisonment, infliction of emotional distress, cess and malicious prosecution or others)	
☐ Yes ☐ No If yes, provide an explanation of the nature of the intentional tort, the date of the action, the location, and the				
disposition or outcome				
Are you currently under investigation or wanted b	y any law enforcement a	gency?	5.	
☐ Yes ☐ No If yes, by what law enforce	ment agency and for wh	at reason?		
			-	
Have you ever had any license or certification su	spended or revoked? (e.g.	, real estate license, driver's c	r boater's license, etc.)	
			when and why the license or	
Your Work History and Any Empl List most recent or current job first. You must include a				
complete work history. If you need more space to pro	vide a full work history, re	quest additional work hi	story pages.	
Employer	Dates E	mployed	Summary of Work Performed	
	From (Mo/Yr)	To (Mo/Yr)	and Job Responsibilities	
Address (City, State, Zip)				
	Phone:			
Job Title	(Include Area Code)	Veekly Salary,		
		ekly Earnings		
	Starting	Final		
State Reason			Supervisor's Name	
Resigned OR Terminated				
Employer	Dates Employed		Summary of Work Performed	
	From (Mo/Yr)	To (Mo/Yr)	and Job Responsibilities	
Address (City, State, Zip)				
	Phone:			
Job Title	(Include Area Code)			
Job Title	Hourly Rate, Weekly Salary, or Other Weekly Earnings			
	Starting	Final	1	
State Reason			Supervisor's Name	

Employer	Dates Employed		Summary of Work Performed
	From (Mo/Yr)	To (Mo/Yr)	and Job Responsibilities
Address (City, State, Zip)			
	Phone: (Include Area Code)	•	
Job Title	Hourly Rate, or Other We	Weekly Salary, ekly Earnings	
	Starting	Final	
State Reason			Supervisor's Name
Resigned OR Terminated			
Employer	Dates Employed		Summary of Work Performed
	From (Mo/Yr)	To (Mo/Yr)	and Job Responsibilities
Address (City, State, Zip)			
	Phone: (Include Area Code)		
Job Title		Weekly Salary, ekly Earnings	
	Starting	Final	
State Reason			Supervisor's Name
Resigned OR Terminated Employer			
	Dates Employed		Summary of Work Performed and Job Responsibilities
Address (O'll O' to 7')	From (Mo/Yr)	To (Mo/Yr)	and Job Responsibilities
Address (City, State, Zip)			
	Phone: (Include Area Code)		
Job Title	Hourly Rate, Weekly Salary, or Other Weekly Earnings		
	Starting	Final	
State Reason			Supervisor's Name
Resigned OR Terminated			
Employer	Dates Employed		Summary of Work Performed and Job Responsibilities
Address (City, State, Zip)	From (Mo/Yr)	To (Mo/Yr)	and Job Responsibilities
Address (Oity, State, Zip)		~~	
	Phone: (Include Area Code)		
Job Title	Hourly Rate, Weekly Salary, or Other Weekly Earnings		
State Reason	Starting	Final	Supervisor's Name
State Reason			Supervisor's Name
Resigned ☐ OR Terminated ☐			

Employer	Dates E	Summary of Work Performed			
	From (Mo/Yr)	To (Mo/Yr)	and Job Responsibilities		
Address (City, State, Zip)					
	Phone:				
	(Include Area Code)				
Job Title		Weekly Salary, ekly Earnings			
	Starting	Final			
State Reason			Supervisor's Name		
Resigned ☐ OR Terminated ☐		2			
Employer	Dates Employed		Summary of Work Performed		
	From (Mo/Yr)	To (Mo/Yr)	and Job Responsibilities		
Address (City, State, Zip)					
	Phone:				
	(Include Area Code)				
Job Title	The same of the sa	Weekly Salary, ekly Earnings			
	Starting	Final			
State Reason			Supervisor's Name		
Resigned OR Terminated					
Agreement and Release					
For the purpose of this agreement and release, the organization you are applying to work at is referred to as "the company" or "you" in the following paragraphs.					
	male ment are true and	complete Lunderstand t	hat false statements or amission of		
The facts set forth above in my application for e information on this application (even if discovered	d after employment) or a	any other employment forr	n may lead to dismissal or denial of		
employment. If required, I agree to take a pe processes. I also agree to submit to any drug or	rsonality profile and to alcohol testing prior to o	take, participate in, or si rafter employment.	ibmit to any other preemployment		
In making this application for employment, I also understand that an investigative consumer report may be made whereby information					
is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. I also acknowledge that the					
company may conduct a search for information about me that is in the public domain, including, but not limited to, information on social networking sites. In exchange for the consideration of my employment application by the company, I hereby release and forever discharge the company (including its directors, officers, employees, and agents) and my past and/or present employers (including their					
directors, officers, employees, and agents) fro	m any liabilities which i	may result from an inves	tigation of my past and/or present		
employment or from the disclosure of such information. I authorize the use of any information in this application to verify my statements, and I authorize past employers, all references, and any other persons to answer all questions asked concerning my ability,					
character, reputation, and previous employment record.					
I understand that if my application is accepted and I am hired, employment at this company is "employment at will." It is further understood that this at-will relationship may not be changed by any written document, verbal statements, or by conduct unless an					
authorized executive of the company specifically acknowledges such change. I further understand that my at-will employment may be					
terminated at any time by me or by the company and includes no guarantee, contract, or promise of employment for any specific length of time. I understand that the first 90 days of employment is a new-hire introductory period. Submission of this application does					
not imply that I will be hired.					
I have read, understand, and by my signature co	nsent to these statemen	ts.			
Signature of Applicant			Date		

State and/or federal regulations are subject to change at any time; therefore, the questions on this form are subject to exceptions and qualifications. The author does not bear responsibility for ensuring this form is up to date and compliant with state, federal, or local employment regulations. If in doubt, seek assistance from a qualified expert.

Also, the author is not responsible for any tunaforzed changes or omissions to the form.

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