APPLICATION FOR EMPLOYMENT

FLOE INTERNATIONAL

FLOE International is an equal opportunity employer and does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal laws.

PERSONAL DATA

Name (last, first, middle)			
Current Address	City	State	Zip
Phone Number	Email		
Have you applied or worked here before? Yes ☐ No ☐ If so, When or dates of employment _____	Were you referrerd by anyone to apply? Yes ☐ No ☐ If so, Who? _____		
Do you have a High School Diploma or GED? Yes ☐ No ☐	Do You Have Any US Millitary Experience? Yes ☐ No ☐	If So, Give dates and rank	

POSITION INFORMATION

Date you can start	Desired hours per week	Desired Salary	Are you authorized to work in the U.S. on an unrestricted basis? Yes ☐ No ☐
What position are you applying for?		Do you have a valid Driver License? Yes ☐ No ☐	

Have you been told the essential functions of the job or have you viewed a copy of the job description listing the essential functions of the job?
Yes ☐ No ☐

Can you perform these essential functions of the job with or without reasonable accommodation?
Yes ☐ No ☐

QUALIFICATIONS

Please list any education or training you have, such as schools, colleges, degrees, votech programs, and military training.

	School name	City/State	Years Attended	Degree
School				
School				
Other				

SPECIAL SKILLS

List any special skills or experience that you feel would help you in the position that you are applying for (leadership, organizations, teams, etc.)

REFERENCES

Please list three professional references not related to you, with full name, phone number, and relationship.
If you don't have three professional references, then list personal, unrelated references.

Name	Phone	Relationship

WORK HISTORY Start with your present or most recent employment and work back. Use separate sheet if necessary. (Include paid and unpaid positions)

Company Name	Position	
Supervisor's Name	Phone Number	Dates Employed
Duties		
Reason for leaving		

May we contact your present employer? Yes ☐ No ☐

Company Name	Position	
Supervisor's Name	Phone Number	Dates Employed
Duties		
Reason for leaving		

Company Name	Position	
Supervisor's Name	Phone Number	Dates Employed
Duties		
Reason for leaving		

Company Name	Position	
Supervisor's Name	Phone Number	Dates Employed
Duties		
Reason for leaving		

Company Name	Position	
Supervisor's Name	Phone Number	Dates Employed
Duties		
Reason for leaving		

Authorization

I certify that all information I have supplied in this application and in any other form, oral or written, is true, complete and accurate. I understand that any information provided by me that is found to be false, incomplete or misrepresentated in any respect will be sufficient cause to cancel further consideration of this application or immediately discharge me from the employer's service, whenever it is discovered.

I authorize FLOE International representatives to contact and obtain information from all references, employers, public agencies, licensing authorities and educational institutions to verify the accuracy of all information provided by me in this application and release FLOE International from any liability, but understand my right to privacy shall be respected and the inquiries treated in confidence. I also give permission for criminal background checks.

I acknowledge and understand that FLOE International is an "at will" employer. Therefore, any employee (regular or temporary) may resign at any time, just as FLOE International may terminate the employment relationship with any employee at any time, with or without cause, or notice to the other party. This application does not constitute an agreement or contract for employment. I understand that no supervisor or representative of FLOE International is authorized to make any assurances to the contrary and that no implied or oral agreements of employment are valid.

I understand FLOE International maintains a drug free workplace and agree that maintenance of same is essential to the safety of the workplace and employees. I promise to abide by the policies prohibiting the use, possession or influence of illegal drugs, alcohol, or any controlled substance, or the misuse of prescribed or over the counter medication on company premises or while on duty. I understand also that I may be tested for drugs, alcohol or controlled substances if I am employed by FLOE International.

If I am hired, I agree to comply with and be bound by FLOE International's safety and health rules and regulations, rules of conduct and any other procedures set forth by my employer.

DO NOT SIGN BELOW UNTIL YOU HAVE READ THE ABOVE STATEMENT

I CERTIFY THAT I HAVE READ, FULLY UNDERSTAND AND ACCEPT ALL TERMS OF THE FORTHGOING STATEMENT

Signature of Applicant_____ Date _____