



2300 S Division Ave, Orlando, Florida 32805  
 Phone 407-849-6440 OR 1-800-226-6440 Fax 407-423-0235  
 www.maudlininternational.com

## APPLICATION FOR EMPLOYMENT

*As an Equal Opportunity Employer, applicants for all positions are considered without regard to: sex/gender, race/national origin, disability (physical/mental), religion, age, sexual orientation, marital/pregnancy/veteran status nor any other federally protected status.*

<b>Position(s) Applied For</b>	<b>Date of Application</b>
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<b>Last Name</b>	<b>First Name</b>	<b>MI</b>
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<b>Address</b>	Number	Street	City	State	Zip
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<b>Telephone Number-Home or Mobile?</b>	<b>Driver's License Number &amp; State</b>	<b>Social Security Number</b>
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Best Time to contact you at home is: _____	Circle One
Do any of your friends or relatives, other than spouse, work for this company?	YES NO
If yes, please state name, relationship & location _____	
Are you currently employed?	YES NO
If yes, may we contact your present employer?	YES NO
Upon hire, are you able to provide documentation verifying your eligibility to work in the US?	YES NO
Can you travel if a job requires it?	YES NO
Are you a Veteran? NO YES Branch _____ Dates of Service _____	
Date Available for work ___/___/___	Desired Salary Range _____

Jacksonville  
 1881 Pickettville Rd  
 Jacksonville, FL 32220  
 904-783-9822  
 Fax: 904-783-9830

North Orlando  
 4900 N Orange Blossom Trail  
 Orlando, FL 32810  
 407-295-9777  
 Fax: 407-295-9727

Daytona Beach  
 739 Fentress Blvd  
 Dayton Beach, FL 32114  
 386-254-7207  
 Fax: 386-274-0234

Ocala  
 5221 Highway 40 W.  
 Ocala, FL 34482  
 352-732-8151  
 Fax: 352-622-3950

Palm Bay  
 1875 Robert J Conlan Blvd.  
 Palm Bay, FL 32905  
 321-984-2899  
 321-728-7375

## EDUCATION

Name	Years Attended	Area of Focus	Graduation/Degree
High School			
Undergraduate/College			
Graduate/Professional			
Other (Specify)			

## WORK EXPERIENCE

*Begin with your present or most recent employment, include any job related military service and volunteer activities*

Employer		
Address & Telephone		
Supervisor		
Starting/Present Job Title	Date of Hire	Termination
Reason for Leaving	May We Contac?	YES NO

Employer		
Address & Telephone		
Supervisor		
Starting/Present Job Title	Date of Hire	Termination
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Employer		
Address & Telephone		
Supervisor		
Starting/Present Job Title	Date of Hire	Termination
Reason for Leaving	May We Contac?	YES NO

Describe any specialized training, apprenticeship, skills and extra-curricular activities.


Describe any job-related training received in the United States Military.


Any other professional, trade, business or civic activities and offices held.


**ADDITIONAL INFORMATION**

Other Qualifications/Comments

**SPECIALIZED SKILLS (SKILLS/EQUIPMENT OPERATED)**

_____ Microsoft Office	_____ Word Processing	Production/Mobile Machinery	Other
_____ Spreadsheets	_____ Keyboarding	_____	_____
_____ Ten Key	_____ Other	_____	_____

Any additional information you feel may be helpful to us in considering your application:


<b>DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.</b>
Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied?
A review of the activities involved in such a job or occupation has been given. _____ Yes _____ No

# EMPLOYMENT RELEASE FORM

Designated Party:

I hereby authorize your company or any agent of your company, to contact any of my references, previous employers/companies, credit bureaus/corporations, law enforcement agencies, persons and educational agencies to supply any information concerning my background and criminal history.

I also hereby release any of the above parties from any liability arising from their release of information in the event that information from the report is utilized in whole or in part with regards to an adverse decision as it relates to my potential employment. Before making the adverse decision, upon request, a copy of the consumer report and a description in writing of my rights under the Fair Credit Reporting Act will be provided.

The Fair Credit Reporting Act gives me specific rights in dealing with consumer reporting agencies. I will be given a summary of these rights together with this document upon request.

By my signature below, I hereby give authorization to obtain a consumer report and/or an investigative report about me to consider me for employment.

Applicant's Name \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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