

APPLICATION FOR HELPER POSTION

(Please Print)



| APPLICANT INFORMATION | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--------|
| Last Name | | First | | M.I. | Date |
| Street Address | | | Driver's License Number: | | |
| City | | | State | ZIP | |
| Phone | | E-mail Address | | | |
| Date Available | | Social Security No. | | Desired Salary | |
| Position Applied for | | | Shift Preferred | | |
| If necessary, best time to call you? | | Have you submitted an application here before? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| Are you a citizen of the United States? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| How were you referred to Sun Coast? | | | | | |
| Is this application a request for re-employment following an extended military leave of absence from our company? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | |
| Have you ever worked for this company? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when? | |
| Have you ever been convicted of a felony? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain | |
| If you are under 18 years old, can you provide a work permit if required? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | |
| Are you legally eligible for unemployment benefits in the United States? (If yes, proof is required if hired.) YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | |
| Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodations)? NOTE: This question is not designed to elicit information about an applicant's disability. Please do not provide information about the about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage, to the extent permitted by law. | | | | | |
| YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> Need more information about the job's "essential functions" to respond. | | | | | |
| Will you travel if expected? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | Will you work overtime if required? YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| If they have been explained to you, are you able to meet the attendance requirements of the position? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> | | | | | |
| Have you ever been bonded? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | |
| Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for our company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, please explain: | | | | | |
| Note: Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account. Have you ever pleaded "guilty" or "no contest" to, or been convicted of a crime? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please provide date(s) and details: | | | | | |
| EDUCATION | | | | | |
| High School | | Address | | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |
| College | | Address | | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |
| Other | | Address | | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |

REFERENCES*Please list three professional references.*

| | |
|-----------|--------------|
| Full Name | Relationship |
| Company | Phone () |
| Address | |
| Full Name | Relationship |
| Company | Phone () |
| Address | |
| Full Name | Relationship |
| Company | Phone () |
| Address | |

PREVIOUS EMPLOYMENT

| | | |
|----------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|
| Company | Phone () | |
| Address | Supervisor | |
| Job Title | Starting Salary \$ | Ending Salary \$ |
| Responsibilities | | |
| From | To | Reason for Leaving |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| Company | Phone () | |
| Address | Supervisor | |
| Job Title | Starting Salary \$ | Ending Salary \$ |
| Responsibilities | | |
| From | To | Reason for Leaving |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| Company | Phone () | |
| Address | Supervisor | |
| Job Title | Starting Salary \$ | Ending Salary \$ |
| Responsibilities | | |
| From | To | Reason for Leaving |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| Special skills or training: | | |

MILITARY SERVICE

Branch

From

To

Rank at Discharge

Type of Discharge

If other than honorable, explain

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date

Este Empleador Participa en E-Verify



Este empleador le proporcionará a la Administración del Seguro Social (SSA), y si es necesario, al Departamento de Seguridad Nacional (DHS), información obtenida del Formulario I-9 correspondiente a cada empleado recién contratado con el propósito de confirmar la autorización de trabajo.

IMPORTANTE: En dado caso que el gobierno no pueda confirmar si está usted autorizado para trabajar, este empleador está obligado a proporcionarle las instrucciones por escrito y darle la oportunidad a que se ponga en contacto con la oficina del SSA y, o el DHS antes de tomar una determinación adversa en contra suya, inclusive despedirlo.

Los empleadores no pueden utilizar E-Verify con el propósito de realizar una preselección de aspirantes a empleo o para hacer nuevas verificaciones de los empleados actuales, y no deben

restringir o influenciar la selección de los documentos que sean presentados para ser utilizados en el Formulario I-9.

A V I S O:

La Ley Federal le exige a todos los empleadores que verifiquen la identidad y elegibilidad de empleo de toda persona contratada para trabajar en los Estados Unidos.

A fin de poder determinar si la documentación del Formulario I-9 es válida o no, este empleador utiliza la herramienta de selección fotográfica de E-Verify para comparar la fotografía que aparece en algunas de las tarjetas de residente y autorizaciones de empleo, con las fotografías oficiales del Servicio de Inmigración y Ciudadanía de los Estados Unidos (USCIS).

Si usted cree que su empleador ha violado sus responsabilidades bajo este programa,

o ha discriminado en contra suya durante el proceso de verificación debido a su lugar de origen o condición de ciudadanía, favor ponerse en contacto con la Oficina de Asesoría Especial llamando al 1-800-255-7688 (TDD: 1-800-237-2515).

Employment Verification.  **Done.**

Para mayor información sobre E-Verify, favor ponerse en contacto con la oficina del DHS llamando al:

1-888-464-4218



E-VERIFY IS A SERVICE OF DHS AND SSA

This Employer Participates in E-Verify



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services' (USCIS) photograph.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or

citizenship status, please call the Office of Special Counsel at 1-800-255-7688 (TDD: 1-800-237-2515).

NOTICE:

Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

Employment Verification.  **Done.**

For more information on E-Verify, please contact DHS at:

1-888-464-4218



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