



APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

DATE _____

PERSONAL INFORMATION

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO.	REFERRED BY		

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
U.S. MILITARY OR NAVAL SERVICE NAVAL SERVICE	RANK

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAEM 7 ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

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

NAME	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 an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE _____ SIGNATURE _____

INTERVIEWED BY _____ DATE _____

DO NOT WRITE BELOW THIS LINE

REMARKS

NEATNESS				
PERSONALITY				
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES

APPROVED: 1. _____ 2. _____ 3. _____
EMPLOYMENT MANAGER DEPARTMENT HEAD GENERAL MANAGER



1526 S. Lake Mirror Drive NW
Winter Haven, FL 33881
Office: (863) 293-5867
Fax: (863) 293-8771
TreeLadyOffice@aol.com

Date: _____

Jones Insurance Advisors, Inc.
2801 Flight Safety Drive
Vero Beach, Florida 32960

FAX 772-569-6899

Name of Job Applicant/Employee: _____
Street: _____

To: Kimberly Paulson L.L.C., *The TREE LADY Company*

I, _____, hereby give permission to *The TREE LADY Company*, and Jones Insurance Advisors, Inc., to run my Motor Vehicle Report for insurance purposes. I authorize Jones Insurance Advisors, Inc. to release the Motor Vehicle information to the *The TREE LADY Company* for employment purposes.

Name (print): _____

Date of Birth: _____

Driver's License #: _____ State: _____

Marital Status: _____

Signature as it appears on license

Date



1526 S. Lake Mirror Drive NW
Winter Haven, FL 33881
Office: (863) 293-5867
Fax: (863) 293-8771
TreeLadyOffice@aol.com

DRUG FREE WORK PLACE

The TREE LADY Company is a Drug-Free-Work-Place. When you join *The TREE LADY Company*, you will be evaluated for the first ninety (90) days, a period of time that we call the 90 Day Orientation Period. Within this first ninety (90) days of employment, you will be required to take a drug test to assure that there are no illegal substances in your system. The test will be given at a local clinic.

If you are taking prescription medications, please notify the clinic prior to the initial test.

If you test negative for illegal substance(s) you will continue employment with *The TREE LADY Company*, and continue the 90 Day Orientation Period.

If you test positive, you will receive a "Written Warning," and you will be required to take another test within 15 days. If the results are negative, you will continue employment with *The TREE LADY Company*, and continue the 90 Day Orientation Period. You will be subject to random testing.

The TREE LADY Company, Supervisor

Date

Applicant/Employee

Date