

Wish Upon A Star
 5305 Babcock Street
 Palm Bay, FL 32905
 Telephone: 321-726-1580
 Fax: 321-726-6595
 License # C18BR0221

Application For Employment



Personal Information		
Name:	Date:	
Birth Date:	Sex: M F	SS#:
Address:		
City:	State:	Zip:
Time at Current Address:		
Phone Number :		
Email Address:		

Emergency Contacts		
<i>Name</i>	<i>Relationship</i>	<i>Phone Number</i>

Position Information				
Position Applied For:		Full Time or Part Time (circle one)		
Available Start Date:		Expected Hourly Salary:		
Number of Hours Expected to Work:		1-15	20-30	35-40
Hours Available to Work:				
Monday	Tuesday	Wednesday	Thursday	Friday

Education Information		
<i>School</i>	<i>Area of Study</i>	<i>Degree/Number of Years</i>

Achievements

Employment History	
Are you currently employed?	
Employer:	Position:
Address:	
Contact Name:	Phone Number:
Start Date:	Current Salary:
Reason for Leaving:	

Previous Employer:	Position:	
Address:		
Contact Name:	Phone Number:	
Start Date:	End Date:	Salary:
Reason for Leaving:		

Previous Employer:	Position:	
Address:		
Contact Name:	Phone Number:	
Start Date:	End Date:	Salary:
Reason for Leaving:		

References			
<i>Name</i>	<i>Relationship to Applicant</i>	<i>Phone Number</i>	<i>Years Known</i>

Acknowledgment
<p>I hereby certify that the information provided by me in this application and in any attachments provided herewith, is true and correct to the best of my knowledge. I agree to have any of the statements checked by the organization unless I have indicated to the contrary. I authorize the above listed references, and any others to provide the company any and all information concerning my previous or present employment and any pertinent information they might have. Further, I release all parties and persons from any disclosures of such information by the organization or any of it's agents or representatives. I understand that any misrepresentation or falsification of the information on this application may result in my failure to receive an offer of employment, or if I am hired, in my immediate dismissal from my employment without any notice or compensation. I understand that I will be on an initial training orientation period of two days and a probationary period of ninety days from the first of my employment.</p>

Applicant's Signature _____ **Date** _____



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Pre-Employment Drug Screening Policy

All job applicants at this Company will undergo screening for the presence of illegal drugs as a condition for employment. Applicants will be required to voluntarily submit to a urinalysis test at a laboratory chosen by the Company, and by signing a consent agreement, will release the company from liability.

(any applicant with positive test results will be denied employment at that time)

The Company will not discriminate against applicants for employment because of past abuse of drugs or alcohol. It is the current abuse of drugs or alcohol, which prevents employees from properly performing their jobs that the Company will not tolerate.

Pre-Employment Agreement

Please Read Carefully

I freely and voluntarily agree to submit to a urinalysis (drug screen) as part of my application for employment. I understand that either refusal to submit to the urinalysis screen or failure to qualify according to the minimum standards established by the Company for this screen might disqualify me from further consideration for employment.

I further understand that upon commencement of employment with the Company, I may again be required to submit to a urinalysis screen. I understand that refusal to take a requested urinalysis screen or failure to meet the minimum standards set for the screen may result in immediate suspension or discharge.

In the event that employment commences prior to the Company receiving the drug test results, I understand that I will be immediately terminated if the result comes back positive, adulterated or substituted. I understand that a negative drug test result is required for consideration for permanent employment.

I have read in full and understand the above statements and conditions or employment.

Applicant's Signature

Date

Driver's License Number: _____

Issuing State: _____