



2610 Dobbs Rd
St. Augustine, FL 32086

Phone 904-794-2665
Fax 904-794-2329 email: info@powellac.com

Job Application

Personal Information

| | | | | | | |
|---|-------|------|----------------------|-------|-------------------------|--------|
| Last | First | MI | SSN# | Email | | |
| Street Address | | City | ST | Zip | Home Phone | Mobile |
| Are you entitled to work in the United States? | | | Are you 18 or older? | | If yes, Date of Birth | |
| Have you been convicted of a felony or been incarcerated in connection with a felony in the past seven years? | | | | | If yes, please explain: | |

| | | |
|-------------------------------------|--|---------------------------------------|
| What position are you applying for? | | How did you hear about this position? |
|-------------------------------------|--|---------------------------------------|

| | |
|----------------|--|
| Date Available | |
|----------------|--|

Prior Work Experience

| | Current or Most Recent | | Prior | | Prior | |
|------------------------------|------------------------|----|-------|----|-------|----|
| Employer | | | | | | |
| Address | | | | | | |
| City, ST, ZIP | | | | | | |
| Telephone | | | | | | |
| Name of Immediate Supervisor | | | | | | |
| Dates of Employment | From | To | From | To | From | To |
| Position/Job Title | | | | | | |
| Pay | | | | | | |
| Reason for Leaving | | | | | | |
| May We Contact | | | | | | |

Education

| | Name/Location | Last Year Complete | | | | Degree | Major |
|--------------------|---------------|--------------------|----|----|----|--------|-------|
| High School | | 9 | 10 | 11 | 12 | | |
| College/University | | 1 | 2 | 3 | 4 | | |
| Trade School | | | | | | | |
| Other Education | | | | | | | |

List any applicable special skills, training or proficiencies.

References

1.) Name: _____
 Phone #: _____

2.) Name: _____
 Phone #: _____

3.) Name: _____
 Phone #: _____

Disclaimer - By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also provide consent for former employers to be contacted regarding work records.

Signature

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview _____ YES _____ NO

Remarks _____

Employed _____ YES _____ NO Date of Employment _____

Job Title _____ Hourly Rate _____ Department _____

BY: _____
NAME AND TITLE DATE

NOTES _____

