



**EDUCATION:**

Name, Address and Location	Dates	Graduate?	Courses Studied
High School		Yes <input type="checkbox"/> No <input type="checkbox"/>	Diploma:
College		Yes <input type="checkbox"/> No <input type="checkbox"/>	Diploma:
Trade School		Yes <input type="checkbox"/> No <input type="checkbox"/>	Diploma:

If you did not graduate, why did you leave high school or college? \_\_\_\_\_

Are you planning to pursue further studies?    Yes     No     If so, where and what courses? \_\_\_\_\_

List any scholastic honors, offices held and activities involved in during high school and college \_\_\_\_\_

List and describe any other School or Specialized Training \_\_\_\_\_

**MILITARY**

Have you ever served in the military?    Yes     No

Service Branch \_\_\_\_\_ Date Entered \_\_\_\_\_

Date Separated \_\_\_\_\_ Final Rank \_\_\_\_\_

**CAPABILITY/ RELIABILITY**

Would you be willing and able to perform all of the tasks required by the job you are applying for?    Yes     No

If not, explain which tasks \_\_\_\_\_

Have you filed any type of fraudulent claim against any of your present or past employers?    Yes     No

If yes, explain \_\_\_\_\_

Will you abide by the safety rules of this company?    Yes     No

Have you ever been disciplined for violating company safety rules or regulations    Yes     No

If yes, explain \_\_\_\_\_

How many days of work (or school) have you missed in the last two years? \_\_\_\_\_

How many times have you been late for work (or school) in the last two years \_\_\_\_\_

Would you be willing and able to report to work on time every day on a regular and consistent basis?    Yes     No

If no, please explain \_\_\_\_\_

## WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

**PLEASE GIVE MONTH AND YEAR.**

**DO NOT REFERENCE YOUR RESUME**

Name of Employer Address City, State, Zip Code <hr/> Telephone Area Code (    ) <hr/> Title <hr/> Duties	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border-bottom: none;">Name and Title of Last Supervisor</td> <td style="width: 20%; border-bottom: none;">Dates Employed</td> <td style="width: 10%; border-bottom: none;">Pay</td> </tr> <tr> <td style="border-top: none;"></td> <td style="border-top: none;">From:      To:</td> <td style="border-top: none;">Starting</td> </tr> <tr> <td style="border-top: none;"></td> <td style="border-top: none;">Mo. ____ Mo. ____</td> <td style="border-top: none;">\$ ____</td> </tr> <tr> <td style="border-top: none;"></td> <td style="border-top: none;">Year ____ Year ____</td> <td style="border-top: none;">Ending</td> </tr> <tr> <td style="border-top: none;"></td> <td style="border-top: none;"></td> <td style="border-top: none;">\$ ____</td> </tr> </table> <hr/> Reason for Leaving:	Name and Title of Last Supervisor	Dates Employed	Pay		From:      To:	Starting		Mo. ____ Mo. ____	\$ ____		Year ____ Year ____	Ending			\$ ____
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**SUPPLEMENTAL EMPLOYMENT INFORMATION**

If you worked in any of your previous positions under another name, please give that name(s) below: (For reference checking purposes)

Name \_\_\_\_\_ @Company \_\_\_\_\_ Name \_\_\_\_\_ @Company \_\_\_\_\_

Are you presently employed? ..... Yes  No

If yes, may we contact your present employer? ..... Yes  No

Have you ever been fired, or asked to resign, from a job? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Have you ever been disciplined or received verbal or written warnings for absenteeism or tardiness? Yes  No

If yes, please explain \_\_\_\_\_

**SPECIAL SKILLS**

Do you type? ..... Yes  No  Words Per Minute \_\_\_\_\_

Have you had any computer or word processing experience or training? ..... Yes  No

If yes, please describe \_\_\_\_\_

What languages do you speak fluently? \_\_\_\_\_

Use this space below to describe why you are interested in working for our company and to list those skills and abilities which you feel particularly qualify you for a position with us. If you need more space, please continue on a separate sheet.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REFERENCES**

Give three references, not relatives or former employees.

Name	Address	Phone	Occupation

**AFFIDAVIT**

I certify that my answers to the foregoing questions are true and correct without any consequential omissions of any kind whatsoever. I understand that if I am employed, any false, misleading or otherwise incorrect statements made on this application form or during any interviews may be grounds for my immediate discharge.

I hereby authorize Proline Distributors to contact any company or individual it deems appropriate to investigate my employment history, character and qualifications and I give my full and complete consent to their revealing any and all information they wish as a result of this investigation. In addition, I hereby waive my right to bring any cause of action against these individuals for defamation, invasion of privacy or any other reason because of their statements.

I agree that, if I am employed, I will abide by all the rules and regulations of Proline Distributors. I understand that the taking of drug or alcohol tests, when given pursuant to company policy, are a condition of continued employment and refusal to take such tests when asked will be grounds for my immediate termination. I further, understand that nobody at Proline Distributors is authorized to enter into any written or verbal employment contracts with me for any definite period of time without the express written consent of the President of Proline Distributors. I also understand that my employment is "at-will" and may be terminated by myself or by the company at any time for any reason or no reason at all, with or without prior notice.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

# PROLINE

D I S T R I B U T O R S

## CONSENT TO DRUG TESTING

As a prerequisite to employment, I hereby agree to allow Proline Distributors Inc. to collect urine samples from me to determine the presence of drugs in my body. Further, I give my consent to release my test results to authorized management for appropriate review and authorize Proline Distributors Inc. to use the test results as defense to any legal action to which I am party.

I understand that the results of the drug test of my urine, if confirmed as positive, will remove me from consideration for employment. I also understand that if I refuse to consent, I will be removed from further consideration for employment.

Further, I understand that, if employed by Proline Distributors Inc., I must abide by the terms of Proline Distributors Inc. Drug Free Workplace Policy and may be required to submit to testing for the presence of alcohol and/or drugs as a condition of employment with Proline Distributors, Inc. I further understand that (1) if I refuse to take the test(s), (2) if I refuse to authorize release of the test results to Proline Distributors, Inc., or (3) if test(s) establish a violation of Proline Distributors, Inc. Policies considering alcohol and/or other drug use, disciplinary action up to and including discharge may result. In addition, **I understand that if I am injured in the course and scope of my employment and test positive for drugs and/or alcohol, I may forfeit my Compensation Act upon exhaustion of the remedies provided in Florida State Statute 440.102(5),**

### **Check one of the following:**

\_\_\_\_\_ I hereby consent to the administration of the drug test and to the terms and conditions of this consent agreement.

\_\_\_\_\_ I hereby refuse to consent to the administration of the drug test and hereby remove myself from further consideration for employment.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Manager (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date