



P. O. Box 590 • Eastpoint, FL 32328 • Toll Free 877-788-8815 • 850-927-2900 • Fax 850-927-4085

Application for Employment

Candidate's Name: _____ Date: _____

Physical Address: _____ City _____ State _____ Zip Code _____

Mailing Address: _____ City _____ State _____ Zip Code _____

Telephone Number: _____ Are you 18 years of age or older? Yes No

Email Address: _____

Are you either a U.S. citizen or an alien authorized to work in the U.S.? Yes No

Have you ever worked or attended school under another name? If so, under what name?

Have you ever been convicted of a crime?* Yes No

If yes, give details, including date(s): _____

****Answering "yes" will not automatically disqualify you from employment. We will consider the nature and date of the offense and the job for which you are applying for job-related purposes only, and only to the extent permitted by law.***

Position Desired

Position: _____ Start date available: _____

Wage rate desired: \$ _____ Hourly Monthly Annually

Do you prefer: Full-time Part-time If part-time, hours per week desired: _____

Hours you are available to work: _____

Days of week you are available to work: _____

Are you able to work: Weekends Holidays Nights Overtime

Have you previously worked for Collins Vacation Rentals, Inc.? Yes No

Dates of employment with Collins Vacation Rentals, Inc.: from _____ to _____

Reason(s) for leaving: _____

Former supervisor(s) at this company: _____

Do you have any family members or significant other currently working at Collins Vacation Rentals Inc.? _____

How did you learn about this opening? _____

Education

High School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Technical School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
College/University:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Post-Graduate Education:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Other education, training, or special skills:		

Skills

Typing speed (Words per minute): _____

Are you experienced in using personal computers? Yes No Computer Types? PC Mac

Are you able to use Microsoft Word or Excel, Internet Explorer and Outlook Express? Yes No What other programs are you capable of using?

Work Experience

Please list all previous employment, beginning with the most recent. If you need more room, you may attach another sheet of paper.			
Employer:		Address:	
From	To	Position Held:	Reason for Leaving:
Supervisor's Name & Title/Phone number:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			
Starting Compensation:		Final Compensation:	
Employer:		Address:	
From	To	Position Held:	Reason for Leaving:
Supervisor's Name & Title/Phone number:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			
Starting Compensation:		Final Compensation:	

References

Identify at least three persons who know your work, beginning with the most recent.

1. Name: _____ Phone Number: _____ Email: _____

Address: _____ City, State, Zip: _____

Position or Title: _____ Years Known: _____

2. Name: _____ Phone Number: _____ Email: _____

Address: _____ City, State, Zip: _____

Position or Title: _____ Years Known: _____

3. Name: _____ Phone Number: _____ Email: _____

Address: _____ City, State, Zip: _____

Position or Title: _____ Years Known: _____

4. Name: _____ Phone Number: _____ Email: _____

Address: _____ City, State, Zip: _____

Position or Title: _____ Years Known: _____

Authorization and Acknowledgements

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I affirm that the information I have provided in this application is true to the best of my knowledge, information, and belief, and I have not knowingly withheld any information requested. I understand that withholding or misstating any information requested in this application is grounds for rejection of my application, and that providing false or misleading information in this application is grounds for discharge.

I authorize the Company or its agents to confirm all statements contained in this application and/or resume as it relates to the position I am seeking and to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation, Motor Vehicle Report and a Drug Test.

I authorize the company to verify my references, record of employment, education record, and any other information I have provided. Unless otherwise noted, I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons and entities, from any and all claims, demands or liabilities arising out of or in any way related to such inquiry or disclosure.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF SIXTY (60) DAYS. If you wish to be considered for employment after that time, you must reapply.

X _____
Applicant Signature

____ / ____ / ____
Date