BUTLER & ASSOCIATES INC - PROFESSIONAL SURVEYORS

2420 E Olive Road Suíte A • Pensacola. FL 32514 • (850) 476-4768

EMPLOYMENT APPLICATION

(*Please answer all questions and print in ink.*)

NAME: _____ **DATE:** _____
LAST, FIRST, MIDDLE

SOCIAL SECURITY NUMBER: _____ **ARE YOU AT LEAST 18 YEARS OLD?** _____
YES/NO

If your past employment or education records are under another name, please state that name:

_____
LAST, FIRST, MIDDLE

CURRENT ADDRESS: _____
STREET, CITY, STATE, ZIP CODE

_____ **LENGTH OF TIME AT ADDRESS:** _____

PREVIOUS ADDRESS: _____
STREET, CITY, STATE, ZIP CODE

_____ **LENGTH OF TIME AT ADDRESS:** _____

PHONE #: _____ **EMAIL:** _____

POSITION APPLYING FOR: _____ **TYPE OF EMPLOYMENT DESIRED:**

SALARY EXPECTED: **AVAILABLE START DATE:**

- **FULL TIME**
- **PART TIME**
- **SEASONAL**

PLEASE LIST EITHER: PER WEEK, MONTH, OR YEAR.

LIST HOURS & DAYS YOU ARE AVAILABLE TO WORK DURING THE WEEK:

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES? _____
YES/NO

WHERE YOU PREVIOUSLY EMPLOYED BY BUTLER & ASSOCIATES?

_____
YES/NO DATE: START - END

IF YES, WHAT WAS YOUR REASON FOR LEAVING? _____

_____

DO YOU HAVE RELATIVES IN OUR EMPLOY?
YES/NO

_____
THEIR NAME, RELATIONSHIP TO YOU

HOW DID YOU LEARN ABOUT BUTLER & ASSOCIATES?

FRIEND
WALK-IN
SOCIAL MEDIA
OTHER

_____
LIST NAME OF AGENCY, FRIEND, OR OTHER

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EMPLOYMENT HISTORY

(Please list your complete employment history, starting with your current or most recent employer. Include any periods of military service, summer or seasonal employment, self-employment, and unemployment. If you need more space, attach information on another sheet of paper or via the other box on the last page of this application.)

CURRENT EMPLOYER: _____ **MAY WE CONTACT THIS COMPANY?** _____
YES/NO

SUPERVISOR'S NAME & TITLE: _____

BUSINESS ADDRESS: _____
STREET, CITY, STATE, ZIP CODE

_____

BUSINESS PHONE NUMER: _____ **DATES:** _____

REASON FOR LEAVING: _____

TITLE/POSITION: _____

JOB REQUIREMENTS/DUTIES:

RATE OF PAY:

START - PLEASE LIST EITHER PER WEEK, MONTH, OR YEAR. **FINAL -** PLEASE LIST EITHER PER WEEK, MONTH, OR YEAR.

PREVIOUS EMPLOYER: _____ **MAY WE CONTACT THIS COMPANY?** _____
YES/NO

SUPERVISOR'S NAME &TITLE: _____

BUSINESS ADDRESS: _____
STREET, CITY, STATE, ZIP CODE

_____

BUSINESS PHONE NUMER: _____ **DATES:** _____

REASON FOR LEAVING: _____

TITLE/POSITION: _____

JOB REQUIREMENTS/DUTIES:

RATE OF PAY:

START- PLEASE LIST EITHER PER WEEK, MONTH, OR YEAR. **FINAL -** PLEASE LIST EITHER PER WEEK, MONTH, OR YEAR.

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EMPLOYMENT HISTORY - CONTINUED

(Please list your complete employment history, starting with your current or most recent employer. Include any periods of military service, summer or seasonal employment, self-employment, and unemployment. If you need more space, attach information on another sheet of paper or via the other box on the last page of this application.)

PREVIOUS EMPLOYER: _____ **MAY WE CONTACT THIS COMPANY?** _____
YES/NO

SUPERVISOR'S NAME &TITLE: _____

BUSINESS ADDRESS: _____
STREET, CITY, STATE, ZIP CODE

_____

BUSINESS PHONE NUMER: _____ **DATES EMPLOYED:** _____

REASON FOR LEAVING: _____

TITLE/POSITION: _____

JOB REQUIREMENTS/DUTIES:

RATE OF PAY:

START - PLEASE LIST EITHER PER WEEK, MONTH, OR YEAR.

FINAL - PLEASE LIST EITHER PER WEEK, MONTH, OR YEAR.

EDUCATION & TRAINING

(If more space is needed to list additional schools, please do so on another sheet and insert. You may also use the other box on the last page of this application.)

HIGH SCHOOL:
NAME

_____
STREET, CITY, STATE, ZIP CODE

COLLEGE: _____
NAME

_____

_____
STREET, CITY, STATE, ZIP CODE

OTHER: _____
NAME

_____
STREET, CITY, STATE, ZIP CODE

(OTHER: *COLLEGES, TECHNICAL, BUSINESS, GRADUATE, OR SPECIAL MILITARY TRAINING.)*

_____

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SPECIAL SKILLS, EXPERIENCE, & ACTIVITIES

(Please list any experience, skills, awards, or activities which you would consider to be applicable to the position you are applying for.)

_____
_____
_____

GENERAL INFORMATION

(Please answer all questions to the best of your knowledge.)

HOW MUCH TIME HAVE YOU MISSED FROM SCHOOL OR WORK IN THE LAST TWO YEARS?

HAVE YOU EVER BEEN CONVICTED OF COMMITTING A CRIME OR ARE YOU PRESENTLY UNDER CHARGE

FOR VIOLATING ANY LAWS OTHER THAN MINOR TRAFFIC VIOLATIONS? *(PRIOR CONVICTIONS WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM CONSIDERATION FOR EMPLOYMENT)* **YES** **NO**

IF YES, PLEASE EXPLAIN AND INCLUDE DATE(S) OF CONVICTION(S):

_____
_____
_____

REFERENCES

(Please give name, phone number, address [include street, city, state, and zip code], and number of years known of two people that are not relatives or former employers to whom we can refer.)

1. _____
2. _____

OTHER

(Give us any information you would like about yourself that you think would be applicable to the position you are applying for or use this section to fill in any more job or school related activity that you were not able to fit in the prior categories.)

_____
_____
_____
_____

I certify that to the best of my knowledge the information given by me in this application is complete and correct. I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for may result in dismissal. I understand that if employed, I can resign at any time and for any reason and that Butler & Associates may release me at any time for any reason. I further understand that the duration, hours, nature, compensation, and benefits of my employment may be changed and modified from time to time without limitation or condition. I also understand that if hired, I am required by law to produce original documents that verify my U.S. employment eligibility and identification.

SIGNATURE: _____

NOTE: THIS COMPANY IS A DRUG-FREE WORKPLACE AND REQUIRES TESTING FOR DRUGS AS A CONDITION OF EMPLOYMENT.
THIS APPLICATION IS ACTIVE FOR 12 MONTHS, UNLESS RENEWED BY APPLICANT.

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