

# LONCALA, INCORPORATED

25755 NW 130<sup>th</sup> Avenue  
High Springs, FL 32643

386-454-1511  
386-454-4831

## Employment Application

POSITION APPLIED FOR |

Thank you for your interest in Loncala, Incorporated as an employer.

GENERAL INFORMATION		
Name (last, first, middle initial)		Social Security No.
		DATE:
Street Address		City, State, Zip
Home Phone No.	Work Phone No.	Cell No.
Are you authorized to work in the United States? Proof of Authorization will be required post hire		
Yes No		
TRAINING AND EDUCATION		
CIRCLE HIGHEST GRADE COMPLETED:      8              9              10              11              12              GED		
Colleges/other training	Major/subject	Degree/certificates
ADDITIONAL SKILLS Describe skills relevant to the job for which you are applying		
SKILL	TYPE OF EXPERIENCE	LEVEL OF EXPERTISE
Office equipment, computers, software (typing speed, programs, etc.)		
Technical skills, professional licenses		
Heavy equipment, machinery		
Other		
Can you perform the essential functions of the job with or without reasonable accommodation?      Yes              No		
BACKGROUND INFORMATION		
EACH CASE IS CONSIDERED SEPARATELY BASED ON JOB DUTIES AND PERFORMANCE AREAS		
Do you have a valid Florida Driver's License?      Yes              No              Other State _____		
(If position applied for involves driving), have you been convicted, pleaded to no contention or paid a fine for any traffic violations in the past three (3) years?      Yes              No              If yes please explain:		
Have you been convicted of a felony or served time in prison within the last ten (10) years?      Yes              No		
Conviction will not necessarily bar you from employment. If yes, please explain:		
How/where did you hear about the position for which you are applying? (Check one)		
_____ Friend	_____ Online	_____ Other
_____ Relative	_____ Newspaper Ad	_____ Other
Which? _____		

Are you 18 years or older?      Yes      No

Can you travel if the job requires it?      Yes      No

Are there any shifts, hours, or days you will not work?      Yes      No  
 If Yes, Explain \_\_\_\_\_

Do you speak, read or write a foreign language? \_\_\_\_\_

Do you have any friends or relatives that work here?      Yes      No  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_

Have you been employed here before? If yes, when? \_\_\_\_\_

Have you ever been fired?      Yes      No      If yes, explain \_\_\_\_\_

Membership in Organization/Professional groups which, in your opinion, have a direct bearing on the position you are seeking  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you a Veteran of the U. S. Military Service?      Yes      No      If Yes, what branch of Service?  
 \_\_\_\_\_

Have you ever been dismissed or forced to resign from any employment?      Yes      No      If yes, please explain  
 \_\_\_\_\_  
 \_\_\_\_\_

Please turn over and complete page 2

EMPLOYMENT HISTORY			
Beginning with your present or most recent employment, list your employment history. Include self-employment, military service, volunteer experience and periods of unemployment. The following sections MUST be completed even if a resume is submitted.			
Employer	Employed from:		To:
Address:	Supervisor		
Phone	Hours worked/week	Starting salary	
Position	Last salary		
Primary duties			
Number of employees supervised by you	May we contact this employer		Supervisor's phone
Reason for leaving			
Employer	Employed from:		To:
Address:	Supervisor		
Phone	Hours worked/week	Starting salary	
Position	Last salary		
Primary duties			
Number of employees supervised by you	May we contact this employer		Supervisor's phone
Reason for leaving			
Employer	Employed from:		To:
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Position	Last salary		
Primary duties			

Number of employees supervised by you	May we contact this employer	Supervisor's phone
Reason for leaving		
<b>PROFESSIONAL REFERENCES</b>		Please list below any people in addition to supervisors listed above who can responsibly evaluate your work performance
Name	Place of employment/title	Phone

**NOTICE TO APPLICANTS**

We comply with the Americans with Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and or examination and all information will be kept confidential and in separate files.

We are an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, sex, religion, national origin, handicap or marital status. We assure you that your opportunity for employment with this Employer depends solely upon your qualifications.

**PLEASE READ AND SIGN STATEMENT BELOW**

I understand that, in accordance with Florida Statute 443.131 (3) (a) (2), if hired, I will be placed on a 90-day probationary period. I further understand that if I am terminated for unsatisfactory work performance with the 90-day probationary period, the employer may seek to contest any unemployment benefit I might attempt to obtain as a result of my termination. \_\_\_\_\_ Initial

I understand and agree that all company policies and procedures may be modified, amended or deleted by the company with or without notice to me of such amendment, modification or deletion; that policies and procedures are not intended to be a contract of employment nor do they give me a right of continued employment; and that my employment may be terminated at my option or at the option of Loncala, Incorporated with or without notice by either party. I also understand that there are no other arrangements, agreements or understandings regarding the terms of employment. There may be no amendments or exceptions to this statement unless they are in writing and signed by an officer of the company. \_\_\_\_\_ Initials

I understand that I may be required to undergo blood and or urinalysis screening for drug or alcohol use as part of our pre-employment process. In addition, all employees are subject to blood and or urinalysis screening for drug or alcohol use. \_\_\_\_\_ Initials.

I certify that all information given on this employment application; any resume that I submit to the company and any related papers and answers given during oral interviews are true and correct. I understand that Loncala, Incorporated will make a thorough investigation of my work and personal history. I authorize the giving and receiving of any such information requested by the company during the course of such an investigation. I understand that falsification of any information given by others during the course of an investigation may subject me to immediate dismissal. I hereby release from liability all persons who provide information to my employer during the course of any such investigations. \_\_\_\_\_ Initials.

Date: \_\_\_\_\_

Signature \_\_\_\_\_