APPLICANT CERTIFICATION INFORMATION SHEET

For each position applied for, all required supporting documents (i.e. Diplomas, transcripts, and/or certificates) listed on the job description/s, must be submitted prior to any position offer or acceptance. Documents may be delivered by us mail, fax, email, or hand delivered. You must supply your supporting documents prior to any position offer or acceptance.

NOTE: A copy of your HS Diploma and/or College degree is required for "Proof of Education" at submission of application.

Please read/complete the following. You should not apply, if you do not meet the minimum qualifications or your application does not reflect you meet the minimum qualifications:

- 1. You **MUST** review the job description for the position you desire. You **WILL** be asked to acknowledge requirements of the job description for which you are applying. If experience is one of the qualifications, please translate your job experience into the terms listed on the job description.
- The application must be completed **IN FULL** prior to any position offer or acceptance, as well as all supporting 2. documents (i.e. diplomas, transcripts and/or certificates). Remember to list dates and hours of employment. Resumes should be attached, but are not accepted as an alternative to this application.
- 3. It is **imperative** that applicants notify the Human Resources Office of changes in address and phone numbers.
- Educational data: i.e., diplomas, transcripts and/or certificates. Any courses/certificates must include hours 4. attended, to receive credit. Foreign diplomas must be translated to English and their credentials evaluated by an approved certifying agency.

Special qualifications, skills, licenses and certificates: Driver's license must be verified when required.

NOTE: List any volunteer experiences if it is employment related. Total hours are required to be listed, to receive credit.

ADDITIONAL: The Human Resource Office is available to make copies of all supporting documents ONLY for those that are hand delivered. Separate application packets are required for each position of interest. Any previous application packets submitted will not be considered.

THIS PAGE MUST BE SUBMITTED WITH YOUR APPLICATION

Applicant Signature _____ Date _____

Revised: 4/26/2005



www.snappertrailers.com

Employment Application

7510 Ehrlich Rd, Tampa, FL 33625

RESUMES WILL NOT BE ACCEPTED AS AN ALTERNATIVE PLEASE PRINT IN BLUE OR BLACK INK OR TYPE

EQUAL OPPORTUNITY EMPLOYER

Snapper Trailers, LLC and/or Snapper Trailers, Inc. and/or Snapper Trailers FP, Inc., are Equal Opportunity Employers and do not discriminate on the basis of Race, Color, Religion, Gender, National Origin, Disability, or Age.

POSITION APPLIED FOR

Title	Date		
PE	ERSONAL INFORMATION		
Name	Social Security Nur	Social Security Number	
Mailing Address			
City	State	Zip Code	
Home Phone	Work Phone		
Home email	Work email		
In case of emergency, contact:			
Name		Phone Number	
	CITIZENSHIP		
Are you a U.S. citizen or are you legally authorized to	work in the U.S.? Yes No	0	
BAC	KGROUND INFORMATION		
Have you ever been convicted, found guilty, entered criminal offense other than a minor traffic violation now pending against you? NOTE: A "Yes" answer to the above will no date of the offense in relation to the position to the function of the function of the traffic set.	n (DUI is NOT a minor traffic v t necessarily bar you from en	violation); or are there any criminal charges mployment. The nature, severity and	

EDUCATION

HIGH SCHOOL

Name/Address of School

Received: Diploma Other (specify) None

Position

COLLEGE, UNIVERSITY, OR VOCATIONAL/PROFESSIONAL SCHOOL				
Name/Address of School	Major Courses	Type of Degree Earned		

Do you have relatives who are employed by Snapper Trailers, LLC and/or Snapper Trailers, Inc. and/or Snapper Trailers FP,Inc.?

☐ Yes ☐ No If you have indicated "Yes," please list the names of relatives below.

Employer

RELATIVES: (For purposes of this employment application, "relative" refers to father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepson, stepdaughter, stepbrother, stepsister, half-brother, or half-sister.) (Chapter 112.3135, Florida Statutes)

Name of Relative

REFERENCES

List three people who you have worked with or who know your qualifications for this position. Do not list supervisors that you list on employment data.

Name:	Phone #:
Address:	
Name:	Phone #:
Address:	
Name:	Phone #:
Address:	

WORK EXPERIENCE

Name of Present Employer:			Address:		
City:	State:	Phone:	Su	pervisor's Name:	
Job Title:			From (month/year)	To (month/year)	Hrs. Per Week
Reason for Leaving:			Specific duties a	and tasks performed:	
Name of Previous Employer:			Address:		
City:	State:	Phone:	Su	pervisor's Name:	
Job Title:			From (month/year)	To (month/year)	Hrs. Per Week
Reason for Leaving:			Specific duties a	and tasks performed:	
Name of Previous Employer:			Address:		
City:	State:	Phone:	Su	pervisor's Name:	
Job Title:			From (month/year)	To (month/year)	Hrs. Per Week
Reason for Leaving:			Specific duties a	and tasks performed:	
Name of Previous Employer:			Address:		
City:	State:	Phone:	Su	pervisor's Name:	
Job Title:			From (month/year)	To (month/year)	Hrs. Per Week
Reason for Leaving:			Specific duties a	and tasks performed:	

May we check with your present employer? Yes No	
NOTE: We may contact any previous employer to verify your of	description of past duties.

Check only the types of appointments you are willing to accept: Permanent full time Permanent part time Temporary Seasonal

I understand that I will only be considered for the types of appointments and locations that I have checked above.

Signature:	Date:	Social Security #:
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CERTIFICATION: I have reviewed the job description, and certify I am able to perform the job I have applied for. I am aware that any omission, falsifications, misstatements or misrepresentations above may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability for employment by the county by employers, schools, law enforcement agencies, other individuals, organizations authorized to investigate, personnel staff and other authorized employees for employment purposes. I understand applications submitted for employment are public records. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

AFTER AN OFFER OF EMPLOYMENT, APPLICANTS MAY BE REQUIRED TO BE FINGERPRINTED AND SUBMIT TO A MEDICAL EXAMINATION.

Signature:_____Date: _____

Date

Print Name: _____

DO NOT WRITE BELOW THIS LINE
NOT MINIMUM:

CLARIFY: _____

COMPANY REPRESENTATIVE COMMENTS ______