



HASKINS INC.

10956 Enterprise Avenue • Bonita Springs, FL 34135

PH. (239) 947-1846 FAX (239) 947-3857

HASKINS INC. IS AN EQUAL OPPORTUNITY EMPLOYER

POSITION APPLIED FOR: _____ **SALARY REQUIRED:** _____

Please answer all questions. Resumes are not accepted in lieu of completion of this application.

Note: This application was designed for use with several types of positions. Some questions may not be completely applicable to the position you are seeking, however, we ask that you answer all questions.

Last Name (Please print or type)	First	Middle	Date
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Present Address	Street	City/State/Zip Code	Telephone Number
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Are you a U.S. Citizen, U.S. national, lawful permanent resident, lawful temporary resident or applicant therefore? The term "lawful temporary resident" does not refer to non-immigrants holding short-term Visas issued by the U.S. Consulates abroad, such as B, F, or H-1B Visas. Yes No

If no, please state your current non-immigrant status: _____

If no, please also provide the date when this status expires, if any: _____

Have you been convicted of any crime? Yes No

If yes, give dates and explain. A conviction will not necessarily disqualify you from employment: _____

Are you over 18 years of age? Yes No If no, please state your age for child labor purposes _____

EDUCATIONAL DATA				
School	Print Name and Address of Each School	Years Completed	Degree	Major
High School			Diploma__ GED ____	
College				
Trade, Business Other Specialized Training				

Haskins Inc. is an Equal Opportunity Employee, enforces an Affirmative Action Plan and uses the services of E-Verify.



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EMPLOYMENT EXPERIENCE

List each job held. Start with your present or last job. Include military experience.

1. Employer	From	To	Work Performed
Address			
Job Title	Salary		
Supervisor	Contact Phone Number	Start	Final
Reason for Leaving			
May we make inquiries of this employer? ___Yes ___No			
2. Employer	From	To	Work Performed
Address			
Job Title	Salary		
Supervisor	Contact Phone Number	Start	Final
Reason for Leaving			
May we make inquiries of this employer? ___Yes ___No			
3. Employer	From	To	Work Performed
Address			
Job Title	Salary		
Supervisor	Contact Phone Number	Start	Final
Reason for Leaving			
May we make inquiries of this employer? ___Yes ___No			
4. Employer	From	To	Work Performed
Address			
Job Title	Salary		

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Supervisor	Contact Phone Number	Start	Final
Reason for Leaving			
May we make inquiries of this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Other skills: List any other job-related skills, qualifications, honors received, or licenses that support your application:

Membership in organization/professional groups that, in your opinion, have a direct bearing on the position you are seeking: _____

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

Are you now employed? Yes No Are you on layoff and subject to recall? Yes No

May we contact your present employer? Yes No Previous employers? Yes No

If no, please identify any exceptions and reasons for not contacting prior employers? _____

Are there any hours, shifts, or days you will not work? Yes No If yes, please explain _____

Will you work overtime, if asked? Yes No

Do you have any friends or relatives who work here? Yes No

Name _____ Relationship _____

Name _____ Relationship _____

List below any other information or remarks that you wish to have considered as a part of your application for employment _____

How did you hear about Haskins Inc. _____

Have you been interviewed here before? Yes No If yes, give date: _____

Have you ever been employed here before? Yes No If yes, give date: _____

Date available to start employment: _____

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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 employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, 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 STATEMENTS BELOW

I understand that, 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.

_____ (Applicant's initials)

I understand and agree that all policies, procedures may be modified, amended, or deleted by the company with or without notice to me of such amendment, modification, or deletion; that the 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 the company 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 the company's president.

_____ (Applicant's 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 the company 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 or any derogatory information discovered as a result of this 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 investigation.

_____ (Applicant's initials)

Applicant's Signature

Please print name

Date

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