

Ghiotto & Associates, Inc.
APPLICATION FOR EMPLOYMENT
 (VALID FOR 60 DAYS)

PERSONAL INFORMATION (Please Print)

Name _____			Social Security # _____	
Last	First	Middle Initial		
: _____			Drivers License #	
Address _____			Telephone #() _____	How Long? _____
City _____			State _____	Zip _____
Former Address _____			How Long? _____	

POSITION INFORMATION

Position applied for: _____	Salary desired: _____
Date available for work: _____	Are you available to work overtime? () Yes () No
State age if under 18 _____	
Do you want: () Full Time () Part Time - preferred days and hours: _____ () Temporary	
Referral Source: () Ad () Agency () Friend/Relative () Walk-in () Other: _____	
Are you willing to travel, if required by this position? _____ What % of the time? _____	
Are you willing to relocate? _____	
Have you ever applied before or been employed by this Company? () Yes () No	
If yes, please list job(s) and date(s): _____	
List any friends or relatives currently employed by this Company: _____	

EMPLOYMENT DATA: Begin with your present or last job and state experience over the past five (5) years. Include military assignments, part-time and/or volunteer activities. Attach a separate sheet if necessary.

Are you employed now? () Yes () No	If yes, may we contact your present employer? () Yes () No
If no, explain why: _____	

1	Current/Most Recent Employer: Name _____	Telephone () _____
	Address _____	Employed (Month & Year) From _____ To _____
	Name of Supervisor and Title _____	Salary Start _____ Last _____
	State Job Title and Describe Your Work _____	Reason for Leaving _____
2	Company Name _____	Telephone () _____
	Address _____	Employed (Month & Year) From _____ To _____
	Name of Supervisor and Title _____	Salary Start _____ Last _____
	State Job Title and Describe Your Work _____	Reason for Leaving _____
3	Company Name _____	Telephone () _____
	Address _____	Employed (Month & Year) From _____ To _____
	Name of Supervisor and Title _____	Salary Start _____ Last _____
	State Job Title and Describe Your Work _____	Reason for Leaving _____

Notification and Authorization To Conduct Background Investigation

I hereby authorize Ghiotto & Assoc. Inc. or its agents SINGLESOURCE SERVICES CORPORATION to investigate my background to determine any and all information of concern to my record, whether same is of record or not, and I release employers and persons named in my application from all liability for any damages on account of his/her furnishing said information.

Additionally, you are hereby authorized to make any investigation of my personal history, including, but not limited to a credit check, driver's license history, educational background, military record, criminal records and more through an investigative or credit agency or bureau of your choice I authorize the release of this information by the appropriate agencies to the investigating service. I understand that this may include a workers compensation claims search after a conditional job offer has been made. I also understand that I may be required to take a drug test before or during employment.

This authorization, in original or copy form shall be valid for this and for any future reports and updates that may be requested.

PLEASE PRINT CLEARLY

FULLNAME: _____ SSN _____

OTHER NAMES OR SSN USED: _____

CURRENT ADDRESS _____
Street City State Zip

PHONE: (____) _____

LIST ALL ADDRESSES FOR PAST 7 YEARS: (show others on back and check here _____)

Street Address City State Zip DATES _____

Street Address City State Zip DATES _____

DRIVER'S LICENSE# _____ STATE _____ DOB ____/____/____
(dob is optional and is only used for identification purposes in screening inquiries)

***MAY WE CONTACT YOUR CURRENT EMPLOYER? _____ YES _____ NO

***HAVE YOU EVER BEEN CONVICTED OF A CRIME? _____ YES _____ NO

This includes but is not limited to pleas of guilty, nolo contendere, no contest, adjudication withheld, and pre trial intervention programs. If YES show details including date, charge, county, disposition on rear.

SIGNATURE: _____

DATE: ____/____/____

For Ghiotto & Assoc. Inc Office Use

Client Ref:

Please carry out the services checked below:

<input type="checkbox"/>	Statewide Criminal (State _____)	<input checked="" type="checkbox"/>	Drug Screen - Offsite	Employment Verification (attach job application)
<input type="checkbox"/>	County Criminal (County _____)	<input type="checkbox"/>	Discovery	References (attach job application)
<input checked="" type="checkbox"/>	Residential Trace w/7 Year Criminal	<input type="checkbox"/>	Credit Check	Education Verification
<input type="checkbox"/>	Residential Trace	<input type="checkbox"/>	Driving History	Professional License

GHIOTTO & ASSOCIATES, INC.

CONSENT FORM FOR DRUG TESTING

1. I understand that GHIOTTO & ASSOCIATES, INC. has a policy against the use, possession or distribution of illegal drugs by its employment applicants and employees. I further understand that the Company has adopted a drug testing program as one method of implementing that policy.
2. I hereby consent to the taking of urine or blood samples by the Company, or its agents, for purposes of the above drug testing program and to the testing of such samples by Laboratory Corporation of America or any other such drug testing laboratory designated by the Company. I hereby further consent to the release of any test reports on such samples from the laboratory to the designated medical Review Officer, which will report such to the Human Resources office of the Company. The Company may use all such reports with or without other information in their assessment of my employment application and/or employment status.
3. I also understand that I have a legal right under the Confidentiality of Medical Information Act to receive a copy of this consent form.
4. I further understand that if I refuse to test or if I am injured in the course and scope of my employment, and test positive for a substance described within the Company drug policy, I may be required to (1) forfeit my medical and indemnity benefits under the Florida Worker's Compensation Act, and upon the exhaustion of the procedures in 59A-24.003(7) F.A.C., and Section 112.0455(13) and F.S. 440.102, (2) be subject to discipline up to and including termination of employment.
5. This consent will be in effect from this date signed and will remain in effect as long as I am employed by this Company.

_____, 20____
Date

Signature

Print Name

Address
