				S.COM OF LEXI	to 863-491-8700
1460 SW Price Child St Arcadia		cileo about she			
863 491 8700 fax 863 491 870.			South	ountry	
PLEASE WRITE YOUR NAI	ME AT THE BOTTOM OF	EACH PAGE	- A	reals "	
PERSONAL DATA					
Name					
Present Address				State	Zip
Phone () -					
Driver's License: Operator					
Are you over 18 years of age Do you have means to get to	or older	No			
EDUCATION					
High School Diploma? 2 Yo GED? 2 Yes 2 No	es 🗌 No			AA 🗌 BA 🔲 ree	MA 🗌 Ph.D.
Name of school beyond High Training Length Major		Date C	Completed		
HISTORY					
Do you have any criminal hist	tory? 🗌 Yes 🗌 No	Hav	ve you ever beer	n in prison/jail?	Yes 🗌 No
What were the charges?					
Date Completed Sentence		Start D)ate		
Any prior sentence 🗌 Yes] No				
What were the charges?					
Are you on probation?	S 🗌 No Until When?				
WORK EXPERIENCE (List most					
Company Name				r	
Complete Address	Street / P.O. Box			State	
				Phone () -
Complete Address Job Title Job Description (duties, skills,					
Job Title					

Dates:	From (mm/yy)	/	To (<i>mm/yy</i>)	/	Reason for leaving			
WORK E	XPERIENCE							
Compan	y Name				Immediate Supervisor			
Complet	te Address		Street / P.O. Box		City			
Job Title)		Street / P.O. Box		City	Phone	State ()	Zip Code -
Job Des	cription (duties,	skills,	equipment used)					
		<u> </u>						
		· · · · · · · ·						
Dates:	From (mm/yy)	/	To (mm/yy)	/	_ Reason for leaving			
	XPERIENCE							
Company	y Name				Immediate Supervisor			
Job Title	e Address		Street / P.O. Box		City	Phone		Zip Code -
	From (mm/yy)	/	To (mm/yy)	/	_ Reason for leaving			
			Years at 2nd last ion)	Years at 3rd last job			
	-		-		Years at 6th job		_	
Total Yea	ars in workforce							
QUESTIC	ONS							
Are you v	willing to cooperat	te with i	nanagement of South C	Country Sh	neds if hired and follow policies	of the sarr	ne cheerfully	? 🗌 Yes 🗌 No
ls it diffic	ult for you to sub	mit to S	Supervisor's and Manage	ements Id	leas and wishes?	No		
	ou smoke? 🗌 Ye							
		IN THAT	COULD HELP YOU QUA	LIFY FOR	THIS POSITION			
Volunte	er Work							

Licenses, Certificates, sp	Decial skills,	etc
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ame	Address	Phone Number
		() -
		() -
		() -

The information that you provide on this application is subject to verification. Falsifications or misrepresentations may disqualify you from consideration for employment or, if hired, may be grounds for termination at a later date. Do you want to be informed before we contact your present employer? \Box Yes \Box No

With my signature above (typed or written), I certify that all information on this and all attached pages is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I authorize all former employers to release job-related information they may have about me and I release all persons or companies from any liability or responsibility for providing such information.

