

**PALM BEACH ICE WORKS, LLC
EMPLOYMENT APPLICATION**

The following information is requested so that we may make the best possible placement. All portions of this application pertaining to you must be completed. We appreciate the time you spend completing the application. The employer, in accordance with state and federal laws, does not discriminate on the basis of age, race, religion, color, sex, national origin, ancestry, or any other characteristic protected by law.

PLEASE PRINT

NAME	(Last)	(First)	(Middle)	(Social Security #)
ADDRESS	(Street)			(Home Phone)
(City)	(State)	(Zip)		Email Address
LIST OTHER STATES IN WHICH YOU LIVED IN THE LAST 5 YEARS?				
IF HIRED, DO YOU HAVE A RELIABLE MEANS OF TRANSPORTATION?				<input type="checkbox"/> Yes <input type="checkbox"/> No
DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE U.S.?				<input type="checkbox"/> Yes <input type="checkbox"/> No
HOW DID YOU HEAR ABOUT THIS JOB?				(Driver License #)
POSITION FOR WHICH YOU ARE APPLYING				DESIRED SALARY

EMPLOYMENT RECORD (Please account for all time over the past five years, listing the most recent job first. Use additional sheets if necessary.)

DATE OF EMPLOYMENT	NAME/ADDRESS OF EMPLOYER & NAME OF SUPERVISOR	JOB TITLE & RESPONSIBILITY	REASON FOR LEAVING
From _____ To _____ Phone _____	1. _____		
From _____ To _____ Phone _____	2. _____		
From _____ To _____ Phone _____	3. _____		
From _____ To _____ Phone _____	4. _____		
From _____ To _____ Phone _____	5. _____		

Please indicate by number the employers we may NOT contact and the reason. _____

EDUCATION:

	SCHOOL Name and address	# OF YEARS ATTENDED	DEGREE	MAJOR
ELEMENTARY Please circle highest attained:	1 2 3 4 5 6 7 8			
HIGH SCHOOL	9 10 11 12			
COLLEGE	1 2 3 4 5 6			
OTHER				

MILITARY SERVICE:	Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give dates of service.	From _____	To _____	Special Skills or training: _____
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List special training, skills, certificates, or licenses you have relative to the job for which you are applying.

List any job-related professional associations in which you participate. DO NOT INCLUDE ANY ASSOCIATIONS THAT WOULD IDENTIFY AGE, RACE, COLOR, SEX, NATIONAL ORIGIN, OR RELIGION.

QUESTIONS:

Are you seeking: Temporary _____ Full time _____ Part time _____

Are you currently employed? Yes _____ No _____

If you are hired, when can you begin work? _____

Are you on Layoff and subject to recall? Yes _____ No _____

Have you ever been discharged or asked to resign from any position? Yes _____ No _____

If yes, please describe: _____

How many days have you missed from school or work within the last 12 months? _____

Please describe reasons: _____

If hired, can you show proof of legal authorization to work in the United States? Yes _____ No _____

Are you at least 18 years of age? Yes _____ No _____

If under 18 years of age, can you produce a work permit upon hire? Yes _____ No _____

Are you able to comply with this job's attendance schedule? Yes _____ No _____

Do you have any physical, mental, or medical impairment or regularly use any drugs or medication, which might interfere with your ability to perform or would require reasonable accommodation for the job for which you are applying?

Yes _____ No _____

Bonding and money handling security policies require that we ask if you have ever been convicted or pled nolo contendere or had adjudication withheld of a felony or first degree misdemeanor.

	Yes _____	No _____
Parole?	Yes _____	No _____
Awaiting trial?	Yes _____	No _____

If yes, state the nature of the offense and disposition of the case. Include dates and places.

NOTE: Felony convictions or the existence of a criminal record does not constitute an automatic bar for employment.

PLEASE READ ALL OF THE FOLLOWING BEFORE SIGNING

I certify that the information shown on this application is correct and complete to the best of my knowledge, and that I have not knowingly withheld any fact or circumstance. I understand that falsifying or omitting information on this form may cause me to be disqualified from further consideration or dismissed from employment.

All employment offers are made contingent upon satisfactory proof of legal authorization to work in the United States according to the law. I understand that failure to provide satisfactory proof of identity and authorization to work in the United States will disqualify me from employment.

I understand that, if hired, my status² will be that of an employee at will, with no contractual right, expressed or implied, to remain employed. In consideration of my employment, I specifically agree that my employment may be terminated, with or without cause or notice, at any time, at the option of either the employer or myself. I understand that no one, other than the employer, in writing, may enter any agreement for employment on my behalf or make any agreement contrary to the foregoing.

I understand that if hired, I may be required to undergo a physical examination and drug and alcohol-screening test. The examination and the test will be performed at the employer's expense, by the firm's choice of physician.

I authorize this employer to make an investigation of all information contained in this application for employment, and I release from all liability all companies and corporations supplying such information. I understand that any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge. Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer. I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report they deem necessary through various third party sources. Upon my formal written request within a reasonable period of time I will be notified as to the nature and scope of such investigation. I realize I hereby agree to submit to any drug test that may be required of me whether prior to my employment or if employed by this company at any time thereafter. If requested I will take a physical examination post job offer and employment will be conditional upon passing such examination. During such employment, I understand and agree that in the event that I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company designated physician. I further understand that this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is for an indefinite period of time and that the company can change wages, benefits, and conditions at any time.

I authorize the employer to investigate, confirm, and supplement any information contained on this application and to contact former employers unless otherwise stated below.

I have read and understand the above.

Applicant's Signature: _____

Date: _____