

<b>Application for Employment</b>			
<b>Personal Information</b>			Date:     /     /
Name		Social Security Number	
Address		City	State
			Zip
Phone		Email	
Are you legally eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If so, please explain _____			
If selected for employment are you willing to submit to a background check? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If selected for employment are you willing to take a drug test? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Position</b>			
Position you are applying for:		Available Start Date:	
Desired Hourly Pay Range:		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal	
If applicable, are you available for overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have prior work experience with this position or a similar field of work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If so, please explain _____			
_____			
_____			

**Application for Employment - Part 2**

**Education**

School (High School and up)	Location	Years Attended	Degree (If Applicable)

**Certifications**

Type	Date Received

**Work Experience**

Employer	City / State	Dates Employed
Job Title		
Job Description		
Employer	City / State	Dates Employed
Job Title		
Job Description		
Employer	City / State	Dates Employed
Job Title		
Job Description		

**Reference**

Name	Phone	Job Title

Gladiator Restoration is a Florida local, three-generation family-owned business proudly serving the Tampa Bay Area & Central Florida. As an equal opportunity employer, we are committed to providing top-quality training and growth opportunities for all team members.

**Please email this form to [service@gladiator-restoration.com](mailto:service@gladiator-restoration.com) or drop off / mail form to 11310 US-301, Thonotosassa, FL 33592**

### Authorization for Background Check

*\*Please Print Legibly\**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_

Drivers License Number \_\_\_\_\_ State Issued \_\_\_\_\_

### Applicant Authorization

I hereby authorize A.P.S., Inc. to verify my present and previous employment information including salary as well as work ethics. I further authorize A.P.S., Inc. to verify my past and present diving records, education records, and credit history. I also authorize A.P.S., Inc. to perform a criminal record search.

I understand that A.P.S., Inc. does not guarantee the accuracy or timeliness of the information obtained from other sources that A.P.S., Inc. shall not be liable for any inaccuracy in information obtained from other sources that is included in the A.P.S., Inc. report.

Further, I authorize my current and former employers as well as other organizations to provide such information to A.P.S., Inc. and I hereby release and hold harmless A.P.S., Inc. and my current and former employers as well as other organizations who have provided information on account of the collection or use of such information in connection with my A.P.S., Inc. report.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

### Consumer Disclosure

I understand that a pre-employment consumer report may be obtained from A.P.S., Inc. for employment purposes.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_