



GigaBitWare  
 PO Box 5893  
 Spring Hill, Fl. 34611-5893  
 (727) 234-1113

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

## EMPLOYMENT APPLICATION

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Position Applying For: \_\_\_\_\_  
 (First) (Last) (MI) Starting Wage: \_\_\_\_\_  
 Drivers license number: \_\_\_\_\_ State: \_\_\_\_\_ DOB: \_\_\_\_\_ Date Available: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Sex:  Male  Female  
 \_\_\_\_\_ Cell: \_\_\_\_\_ How did you hear about this position: \_\_\_\_\_  
 \_\_\_\_\_ Email: \_\_\_\_\_

Are you authorized to work in the United States:  Yes  No Type of employment desired:  Part-time  Full-time  
 Have you previously applied or worked for this company:  Yes  No  
 If yes... Dates: \_\_\_\_\_ Position: \_\_\_\_\_  
 Have you ever been Convicted of a crime:  Yes  No (a conviction will not automatically bar employment.)  
 If yes... Nature of offense: \_\_\_\_\_ Date of conviction: \_\_\_\_\_  
 Disposition: \_\_\_\_\_  
 Currently employed:  Yes  No  
 If yes... Where: \_\_\_\_\_ Why are you leaving: \_\_\_\_\_  
 Military Service:  Yes  No  
 If yes... Branch: \_\_\_\_\_ Entry and discharge dates: \_\_\_\_\_ Rank: \_\_\_\_\_  
 Type of discharge: \_\_\_\_\_ Occupational specialization: \_\_\_\_\_  
 Why do you desire this position for this company: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## WORK HISTORY

Organization name: \_\_\_\_\_  
 Dates employed: \_\_\_\_\_ Title: \_\_\_\_\_  
 Name of employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_  
 Describe your duties: \_\_\_\_\_  
 \_\_\_\_\_  
 Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Organization name: \_\_\_\_\_  
 Dates employed: \_\_\_\_\_ Title: \_\_\_\_\_  
 Name of employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_  
 Describe your duties: \_\_\_\_\_  
 \_\_\_\_\_  
 Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Organization name: \_\_\_\_\_  
 Dates employed: \_\_\_\_\_ Title: \_\_\_\_\_  
 Name of employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_  
 Describe your duties: \_\_\_\_\_  
 \_\_\_\_\_  
 Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Organization name: \_\_\_\_\_  
 Dates employed: \_\_\_\_\_ Title: \_\_\_\_\_  
 Name of employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_  
 Describe your duties: \_\_\_\_\_  
 \_\_\_\_\_  
 Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

## EDUCATION

School: \_\_\_\_\_ Grade completed: \_\_\_\_\_  
 Dates attended: \_\_\_\_\_ Study: \_\_\_\_\_  
 School: \_\_\_\_\_ Grade completed: \_\_\_\_\_  
 Dates attended: \_\_\_\_\_ Study: \_\_\_\_\_

School: \_\_\_\_\_ Grade completed: \_\_\_\_\_  
 Dates attended: \_\_\_\_\_ Study: \_\_\_\_\_  
 School: \_\_\_\_\_ Grade completed: \_\_\_\_\_  
 Dates attended: \_\_\_\_\_ Study: \_\_\_\_\_

Please include resume with all applications.

## REFERENCES

Name: _____ Dates known: _____ How does this person know you: _____ Occupation: _____ Phone: _____ Address: _____ _____	Name: _____ Dates known: _____ How does this person know you: _____ Occupation: _____ Phone: _____ Address: _____ _____
Name: _____ Dates known: _____ How does this person know you: _____ Occupation: _____ Phone: _____ Address: _____ _____	Name: _____ Dates known: _____ How does this person know you: _____ Occupation: _____ Phone: _____ Address: _____ _____

## PERSONAL

What did you like best about your previous positions: \_\_\_\_\_  
 \_\_\_\_\_

What did you like least about your previous positions: \_\_\_\_\_  
 \_\_\_\_\_

How would you describe your preferred working environment: \_\_\_\_\_  
 \_\_\_\_\_

What are your personal interest: \_\_\_\_\_  
 \_\_\_\_\_

What do you enjoy doing on your free time: \_\_\_\_\_  
 \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____ Phone: _____ Additional Phone: _____	Address: _____ _____
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I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered. If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA. I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization if hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_