

# All Aboard Management LLC

## Employment Application

All Aboard Management LLC is an equal opportunity employer. They comply with all State, Federal, and other laws concerning discrimination in employment. No question on this application is intended to elicit information in violation of any such law nor will any information obtained in response to any question be used in violation of any such law. All Aboard Management LLC is a Drug-Free Workplace. Under the provisions of Sec. 440.102, Fl. Stats., applicants for certain positions and employees injured in the course of employment or reasonably suspected of being under the influence of drugs or alcohol will be tested.

Please print or type

Position Applied For: \_\_\_\_\_

Name: \_\_\_\_\_

Last

First

Middle

Address: \_\_\_\_\_

Street

City

State

Zip

Phone: (Daytime) \_\_\_\_\_ (Night) \_\_\_\_\_

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

Have you been employed here before? Yes  No

Are you legally eligible for employment in this country? Yes  No

Date available for work \_\_\_\_\_

Type of employment desired: Full time  Part time  Temp  Seasonal

Have you been convicted of a felony in the last seven (7) years? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Days/Hours Available: Mon. Tue. Wed. Thu. Fri. Sat. Sun.

From

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To

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Do you have a current state of Florida driver's license? Yes  No

Work Experience: List current and former employers, beginning with the most recent:

From:	To:	Employer:	Phone:
Job Title:		Address:	
Supervisor's Name and Title:		Summarize your work and job responsibilities:	
Reason for leaving:		Final Salary:	
		\$ _____ per	

From:	To:	Employer:	Phone:
Job Title:		Address:	
Supervisor's Name and Title:		Summarize your work and job responsibilities:	
Reason for leaving:		Final Salary: \$ _____ per	

From:	To:	Employer:	Phone:
Job Title:		Address:	
Supervisor's Name and Title:		Summarize your work and job responsibilities:	
Reason for leaving:		Final Salary: \$ _____ per	

From:	To:	Employer:	Phone:
Job Title:		Address:	
Supervisor's Name and Title:		Summarize your work and job responsibilities:	
Reason for leaving:		Final Salary: \$ _____ per	

**Skills and Qualifications**

Please summarize any training, languages, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying:

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**Record of Education:**

High School (Name and Address):	Years completed:	Did you graduate?	Course of study:	Degree earned:
College (Name and Address):	Years completed:	Did you graduate?	Course of study:	Degree earned:
Other (Name and Address):	Years completed:	Did you graduate?	Course of study:	Degree earned:

**Personal References:**

Please list the name, address and telephone number of three references other than relatives or prior employers:

Name and Address:	Phone Number:	Years Known:
Name and Address:	Phone Number:	Years Known:
Name and Address:	Phone Number:	Years Known:

All applicants, **please read:**

I hereby certify that the information contained in this application and in any resume provided by me or any party representing my interests is correct and complete to the best of my knowledge. I understand that any false statements, representations or omissions made by me on this application, any supplement, or on a resume, will be sufficient grounds for rejection of this application or discharge from employment. I also hereby authorize the employers to obtain information concerning me from former employers and others, and I release all those providing or requesting such information from any liability that may arise by truthful disclosures or such investigations.

If am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and that the employers reserve the same right to terminate my employment at any time, with or without cause and without prior notice. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employers, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand that the employers will not refuse to hire a qualified individual with a disability simply because of that person's need for a reasonable accommodation as required by the Americans with Disability Act.

If I am hired, I understand that I will be required to provide proof of identity and authorization to work. I also understand that this is a Drug-Free Workplace, and that applicants for certain positions and all employees injured in the course of employment or reasonably suspected of being under the influence of drugs or alcohol will be tested.

My signature below acknowledges that I have read the foregoing and that I agree to the above-stated terms.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

