

PERSONAL INFORMATION

PERSONAL INFORMATION		DATE:		
Name (Last Name First)			Social Security	/ Number
Present Address	City	State		Zip Code
Permanent Address	City	State		Zip Code
Phone No.		Referred By		

EMPLOYMENT DESIRED

Position	Date You Can Start	Salary Desired
Are you employed now?	If so, may we inquire of your present employer? YesNo	Are you legally authorized to work in the US? Yes No
Have you applied to this company before?	Where?	When?

EDUCATION HISTORY

NAM	IE & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
High School				
College				
Trade, Business or Correspondence School				

GENERAL INFORMATION

Subjects of special study/research work	
Special Training	
Special Skills	
US Military or Naval Service	Rank

FORMER EMPLOYERS (List below last four employers, starting with last one first)

Date: Month & Year	Name & Address of Employer	Salary	Position	Reason for Leaving
From				
То				
From				
То				
From				
То				
From				
То				

REFFERENCES (Please provide the names of three people not related to you whom you have known at least one year.)

Name	Address	Business	Years Known

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a mariner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE: ______ SIGNATURE: _____

INTERVIEWED BY: _____

_____ DATE: _____

You can drop off your application in person or mail or fax the application to: Lanzo Companies 125 S.E. 5th Court Deerfield Beach, Florida 33441-4749 Phone: (954) 979-0802 Fax: (954) 979-9897

