

Please complete the entire application.

1. Employer Information

AngelaID

3851 Emerson Street
 Jacksonville, Florida 32207
 904.398.4882

It is the policy of AngelaID to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

2. Applicant Information

Applicant Full Name:

Home Address:

City/State/ZIP:

Number of years at this address:

Daytime phone:

Nite phone:

Mobile phone:

Social Security Number:

Driver's License (State/Number):

Expires:

3. Emergency Contact

Who should be contacted if you are involved in an emergency?

Contact Name:

Relationship to you:

Address:

City/State/ZIP:

Daytime phone:

Nite phone:

ANGELAID EMPLOYMENT APPLICATION

4. Job Position Applied For:	Full or Part Time?
5. Salary Desired \$ _____	Per
6. Personal Information	
Are you a U.S. citizen or approved to work in the U.S.?	Yes No
What Document can you provide as proof of citizenship or legal status?	
Will you consent to a mandatory controlled substance test?	Yes No
Do you have any conditions which would require job accommodations?	Yes No
If yes, please describe accommodations required below:	
7. Who referred you to our company?	
Do you have any friends or relatives who work here? If yes, please list here:	Yes No
8. Are you at least 18 years old?	Yes No
9. How will you get to work?	
10. Are you willing to work any shift, including nights and weekends?	Yes No
If no, please state any limitations:	
11. If applicable, are you available to work overtime?	Yes No
12. If you are offered employment, when would you be available to begin work?	
13. Are you able to perform the essential functions of the position you seek with or without reasonable accommodation?	Yes No
What reasonable accommodation, if any, would you request?	
14. Have you ever been convicted of a felony or misdemeanor? _____ Yes, I was convicted of _____ on _____ (date) in _____ (city), _____ (state) _____ No	
<i>THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT UNLESS RELEVANT TO THE TYPE OF EMPLOYMENT.</i>	

15. **Applicant's Skills**

Check those skills that you have. List any other skills that may be useful for the job you are seeking. Enter the number of years of experience and circle the number which corresponds to your ability for each skill. (**1 represents poor ability, while 5 represents exceptional ability**)

SKILL	YEARS EXPERICENE	ABILITY
<input type="checkbox"/> Typing		1 2 3 4 5
<input type="checkbox"/> Microsoft Office Suite (Word, Excel, etc.		1 2 3 4 5
<input type="checkbox"/> Cash Register		1 2 3 4 5
<input type="checkbox"/> Answering telephones		1 2 3 4 5
<input type="checkbox"/> Sorting/Hanging Clothes		1 2 3 4 5
<input type="checkbox"/> Customer service		1 2 3 4 5
<input type="checkbox"/> Management		1 2 3 4 5
WAREHOUSE APPLICANTS:		
<input type="checkbox"/> Sorting		1 2 3 4 5
<input type="checkbox"/> Loading of Trucks		1 2 3 4 5
<input type="checkbox"/> Padding		1 2 3 4 5
<input type="checkbox"/> Management		1 2 3 4 5

16 **Applicant Employment History**

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue to the back page of this application.

Employer Name: _____
Supervisor Name: _____
Address: _____
City/State/ZIP: _____
Job Duties: _____

Dates of Employment (Month/Year): _____
Reason for Leaving: _____

Employer Name: _____
Supervisor Name: _____
Address: _____
City/State/ZIP: _____
Job Duties: _____

Dates of Employment (Month/Year): _____
Reason for Leaving: _____

Employer Name: _____
 Supervisor Name: _____
 Address: _____
 City/State/ZIP: _____
 Job Duties: _____

 Dates of Employment (Month/Year): _____
 Reason for Leaving: _____

17 . Applicant's Education and Training

College/University Name and Address

 Did you receive a degree? _____ Yes If yes, degree(s) received:

 High School/GED Name and Address

 Did you receive a degree? _____ Yes _____ No
 Other Training (graduate, technical, vocational):

 Please indicate any current professional licenses or certifications that you hold:

 Awards, Honors, Special Achievements:

Military Service: _____ Yes _____ No

Branch: _____
 Specialized Training: _____

18. References

List any two non-relatives who would be willing to provide a reference for you.
Name: _____
 Address: _____
 City/State/ZIP: _____
 Telephone: _____ Relationship: _____
Name: _____
 Address: _____
 City/State/ZIP: _____
 Telephone: _____ Relationship: _____

19. Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer: _____

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination

I authorize AngelAID to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education

employee of AngelAID, except in a specific written contract of employment signed on behalf of the organization by its President, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS

APPLICANT SIGNATURE

DATE

AT-WILL EMPLOYMENT

The relationship between you and AngelAID is referred to as "employment at will." This means that your employment can't be terminated at any time for any reason, with or without cause, with or without notice, by you or AngelAID. No representative of AngelAID has the authority to enter into any agreement contrary to the foregoing "employment at will" relationship, You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at will employment status, except for a written statement signed by you and either our Executive Vice-President/Chief Operations Officer or the Company's President

APPLICANT SIGNATURE

DATE