



Code Enforcement Security & Investigations
900 West 49th St. Suite 554
Hialeah, FL 33012



Instructions: Print clearly in black or blue ink. Answer all questions. Sign and date the form.

PERSONAL INFORMATION:

First Name _____

Middle Name _____

Last Name _____

Driver's License #: _____

State License #: _____

D.O.B. _____

Social Security Number _____

Street Address

City, State, Zip Code

Phone Number
(____) _____

Are you eligible to work in the United States?
Yes _____ No _____

If you are under age 18, do you have an employment/age certificates?
Yes ___ No ___

Have you been convicted of or pleaded no contest to a felony within the last five years?
Yes _____ No _____

If yes, please explain: _____

POSITION/AVAILABILITY:

Position Applied For:

Days/Hours Available

Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Saturday ___ Sunday ___

Hours Available: from _____ to _____

What date are you available to start work?

EDUCATION:

Name and Address of School - Degree/Diploma - Graduation Date

Skills and Qualifications: Licenses, Skills, Training, Awards

EMPLOYMENT HISTORY:

Present Or Last Position:

Employer: _____

Address: _____

Supervisor: _____

Phone: _____

Email: _____

Position Title: _____

From: _____ To: _____

Responsibilities: _____

Salary: _____

Reason for Leaving: _____

May We Contact Your Present Employer?

Yes _____ No _____

Previous Position:

Employer: _____

Address: _____

Supervisor: _____

Phone: _____

Email: _____

Position Title: _____

From: _____ To: _____

Responsibilities: _____

Salary: _____

Reason for Leaving: _____

Military Service:

Branch: _____ Dates served from: // to //

Special Duties and/or Special Training: _____

Rank at discharge: _____ Member of National Guard or Reserves: _____

Do you have a D.D.214? _____, If yes please provide us with a copy.

References:

Name/Title Address Phone

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature _____

Date _____