



Will you work overtime if the job requires it? Yes No

In order to adequately check your employment or education history, please state any other name(s) under which you have been employed or attended school: \_\_\_\_\_  
\_\_\_\_\_

Are you authorized to work in the U.S. on an unrestricted basis? Yes No

(if hired you will be asked to furnish documents to establish your identity and eligibility to work in the U.S. within 3 days of employment date)

## EDUCATION

SCHOOL	CITY/STATE	GRADUATE?	MAJOR	DEGREE
High School		Yes no		
Tech School		Yes no		
College/Univ		Yes no		
Grad School		Yes no		

## EMPLOYMENT HISTORY

### CURRENT OR MOST RECENT

Name of Employer \_\_\_\_\_  
Phone: \_\_\_\_\_ Start date \_\_\_\_\_ End date \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Supervisor Name \_\_\_\_\_  
Starting Position \_\_\_\_\_ Starting pay: \_\_\_\_\_  
Ending Position \_\_\_\_\_ Ending pay: \_\_\_\_\_  
Reason for leaving \_\_\_\_\_ May we contact \_\_\_\_\_  
Duties: \_\_\_\_\_  
Were you terminated \_\_\_\_\_ If yes, why? : \_\_\_\_\_

### PREVIOUS EMPLOYER

Name of Employer \_\_\_\_\_  
Phone: \_\_\_\_\_ Start date \_\_\_\_\_ End date \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Supervisor Name \_\_\_\_\_  
Starting Position \_\_\_\_\_ Starting pay: \_\_\_\_\_  
Ending Position \_\_\_\_\_ Ending pay: \_\_\_\_\_  
Reason for leaving \_\_\_\_\_ May we contact \_\_\_\_\_  
Duties: \_\_\_\_\_  
Were you terminated \_\_\_\_\_ If yes, why? : \_\_\_\_\_

### PREVIOUS EMPLOYER

Name of Employer \_\_\_\_\_  
Phone: \_\_\_\_\_ Start date \_\_\_\_\_ End date \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Supervisor Name \_\_\_\_\_  
Starting Position \_\_\_\_\_ Starting pay: \_\_\_\_\_

Ending Position \_\_\_\_\_ Ending pay: \_\_\_\_\_  
Reason for leaving \_\_\_\_\_ May we contact \_\_\_\_\_  
Duties: \_\_\_\_\_  
Were you terminated \_\_\_\_\_ If yes, why? : \_\_\_\_\_  
\_\_\_\_\_

### PREVIOUS EMPLOYER

Name of Employer \_\_\_\_\_  
Phone: \_\_\_\_\_ Start date \_\_\_\_\_ End date \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Supervisor Name \_\_\_\_\_  
Starting Position \_\_\_\_\_ Starting pay: \_\_\_\_\_  
Ending Position \_\_\_\_\_ Ending pay: \_\_\_\_\_  
Reason for leaving \_\_\_\_\_ May we contact \_\_\_\_\_  
Duties: \_\_\_\_\_  
Were you terminated \_\_\_\_\_ If yes, why? : \_\_\_\_\_  
\_\_\_\_\_

## REFERENCES

Name \_\_\_\_\_ Phone \_\_\_\_\_

How do you know this person: \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

How do you know this person: \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

How do you know this person: \_\_\_\_\_

## DRIVING & CRIMINAL RECORD

Driving record only used for positions requiring driving a vehicle for company business

Do you have a valid drivers license? \_\_\_\_\_ State \_\_\_\_\_

Has your license EVER been suspended or revoked \_\_\_\_\_ if yes, give all details \_\_\_\_\_  
\_\_\_\_\_

Current Drivers License Number \_\_\_\_\_

List any moving violations in last 5 years \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ List below

DATE OF CONVICTION	STATE	OFFENSE

## APPLICATION PROCEDURE

As part of our application process an inquiry may be made concerning your background and any information given on this application. A criminal records check may be conducted by an outside agency.

\_\_\_\_\_ I certify that I have read and understood all of this employment application. It is agreed and understood that Hot Q LLC or its agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with Hot Q LLC, I may be asked to demonstrate that I am capable of performing tasks that are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a drug test. I understand that if employed, my employment will not be for any fixed period of time and may be terminated by the company at any time.

\_\_\_\_\_ I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with Hot Q LLC and for no other reason.

\_\_\_\_\_ I also understand and agree that I may be expected to work on a wide variety of job assignments in the Greater Orlando area and agree to accept assignments for which I am qualified as they become available. I also understand that my failure to report to Hot Q LLC for work will indicate that I have voluntarily quit and that if I do not report I may not be eligible for Unemployment Compensation benefits.

\_\_\_\_\_ I agree to furnish such additional information and complete such examination as may be required to complete my employment file.

\_\_\_\_\_ I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

\_\_\_\_\_ If hired, I agree to abide by all the rules and policies of Hot Q LLC. I also agree to submit to a drug screen upon request or as specified with any substance abuse policy.

This certifies that this application was completed by me, and that all entries on it and information in it, as well as all other forms, are true and complete to the best of my knowledge. I understand that false or inaccurate information in the application will be a basis of termination.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

## APPLICANT AUTHORIZATION

I hereby authorize Hot Q LLC to conduct their normal pre-employment inquires as described. This authorization is valid for one year from this date and any inquires made after that date will require a new-signed release.

I agree that withholding pertinent information or submitting false information in connection with this application for employment constitutes valid grounds for dismissal and loss of all employee benefits and privileges.

I understand that the acceptance of this application by Hot Q LLC neither expresses nor implies that I will be given employment.

I do hereby agree to forever release and discharge Hot Q LLC, their agents and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint file with any agency arising from the retrieving and reporting of information.

**APPLICANT:** Please complete all information below.

Name (please print): \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

# PRE-APPLICATION - JOB DESCRIPTION - ESSENTIAL JOB FUNCTIONS

Retail / Industrial / Warehouse / Delivery

- 1) Do you have the required ID's in your possession? Yes No
- 2) In what area of town are you willing to work? \_\_\_\_\_
- 3) Are you willing to have a drug screen according to our policy? Yes No
- 4) Will you release your criminal records, if any? Yes No

I understand that I must have a complete application on file with Hot Q LLC before I can begin employment.

The following are physical requirements pertaining to the job(s) for which you are applying. These bonafide physical requirements are essential functions of the job and are in addition to the years of experience or other qualifications required to perform the job(s) for which you have applied. You must be able to perform these functions or tasks.

With or without reasonable accommodations, are you willing and able to do general labor that may include:

Please check all that are appropriate:

- Bending
- Lifting up to 100 lbs.
- Stooping, Squatting, Kneeling,
- Climbing
- Stacking and unloading materials above and below waist level,
- Standing for long periods of time
- Working in warehouse with or without air-conditioning
- Operate motor vehicle, pulling company equipment with trailer attached (driver's only)

Can you perform the essential functions – with or without physical accommodations? Yes No

Wear proper safety equipment, if required? Yes No

Speak and understand the English language in verbal and written form? Yes No

Once a conditional job offer is made, please be aware that all persons may be required to furnish health condition information and, if necessary, submit to an examination by a company designated physician. This information will be used to determine appropriate job placement. It shall not be used to disqualify an otherwise qualified person who may have a mental or physical disability. These statements/questions pertain only to the essential functions of the job for which you are applying.

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print Name \_\_\_\_\_