

Vertex Industries of N.E., Florida, Inc. 2435 Dobbs Rd., Ste. C, St. Augustine, FL 32086

APPLICATION FOR EMPLOYMENT

Page 1 of 2

Application Instructions: Please give full and complete information. For questions which do not apply to you, please write "N/A" (Not Applicable). Your Social Security Number and mailing address are both necessary to maintain proper identification for your records. We are an equal opportunity employer.

for your records. We are an equal opportunity employer.										
Date:		Desired start date:								
Position applied for:	tion applied for:		cial Security No.: D			te of Birth:				
Name: Last	Mid	ddle		First						
Mailing Address: Street		City			State	Zip Code				
Home Address: Street		City			State	Zip Code				
Phone No.:		E-mail:								
Are you a U.S. Citizen?	Yes		No							
Do you have a Driver License?	Yes		No 🗌							
If yes, Driver's License No.:		State:		Exp. Da	te:					
Are you free and able to travel?	Yes		No 🗌							
How many years of sales experience do you have?										

APPLICATION FOR EMPLOYMENT								F	age 2 of 2			
Education: Please check and indicate all of your formal educational accomplishments:												
High School G	aduate - S	School _										
Location: Year Graduated:												
Completed G.E	D. - Schoo	ol										
Location: Certificate					No: Year Graduated:							
Indicate Last G	rade Com	pleted in	n High School	- (circle one)	9th	1	0th 1 ⁻	Ith				
Location:												
Name and Location	Dates o	of Attendance	Credit Hrs. Completed			Course Tyr		pe of Year				
College/University		From To		Sem.	Qtr.	of	Study	Degree				
Other training, certificates, or licenses:												
Employment: Are you currently employed? Yes No If yes, may we contact your current employer? Yes No I												
Former Employer	Dat From	To Addre		ress Phone No.		lo.	Position		Reason for Leaving			
References												
Name	Address				1	Phone No.	Years Known					
I hereby certify that all statements made on this application form are true, complete, and correct to the best of my knowledge.												
Print name: Signature of Applica					plicant:	t: Date:						