

APPLICATION FOR EMPLOYMENT

19654 NW 27 AVENUE
MIAMI GARDENS, FL
33056
(305) 705-3606

20505 SOUTH DIXIE HWY
SUITE 1413
MIAMI, FL 33189
(786) 701-2140



Please print clearly in ink. Survival Clothing & Footwear considers all applicants for employment without regard to race, color, religion, gender, sex, national origin, age, disability, gender identity and expression, marital or military status, or based on any individual's status in any group or class prohibited by applicable federal, state, or local law. Survival Clothing & Footwear also provides reasonable accommodations to qualified individuals with disabilities consistent with the Americans with Disabilities Act and applicable state and local law. If you require an accommodation in the application process, please advise us.

APPLICANT PERSONAL INFORMATION

FULL NAME: _____
Last First Middle Preferred Name (Optional)

CURRENT CONTACT INFORMATION: _____
Phone Email Address (Optional)

CURRENT ADDRESS: _____
Street City State Zip Code

PREVIOUS ADDRESS: _____
Street City State Zip Code

Have you ever applied to Survival Clothing & Footwear? Yes ☐ No ☐ If yes, date _____

Do you know anyone who works or has worked for Survival? Yes ☐ No ☐ If yes, names _____

If hired, and you are under 18 years of age, can you furnish a work permit? Yes ☐ No ☐

If hired, can you provide proof of identity and authorization to work in the United States? Yes ☐ No ☐

DESIRED EMPLOYMENT

Position you are applying for: _____ Hourly rate desired: _____

Total hours available per week*: _____ Date available to start*: _____

	S	M	T	W	TH	F	S
AM							
PM							

Part Time ☐ Full Time ☐
Regular ☐ Temporary ☐
Are you willing to relocate? Yes ☐ No ☐

* Should your availability change during the course of your employment, it may impact your employment status based on business needs. While we do not guarantee that we will be able to support these limitations in the future. Should your needs change, we may require an adjustment in your availability in order to maintain employment status.

EXPERIENCE

Please give accurate and complete information. Start with present or most recent employer, including self-employment, part-time work, military employment, and any work performed on a volunteer basis. Account for your entire employment history, including significant gaps in employment. All information must be included, even if you are attaching a resume.

Employer	Work Performed
Address (Street, City, State)	
Telephone Number(s) ()	
Job Title Supervisor	
Reason for Leaving	
Dates Employed From: To:	Hourly Rate/ Salary Starting: Final:
Employer	Work Performed
Address (Street, City, State)	
Telephone Number(s) ()	
Job Title Supervisor	
Reason for Leaving	
Dates Employed From: To:	Hourly Rate/ Salary Starting: Final:
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Job Title Supervisor	
Reason for Leaving	
Dates Employed From: To:	Hourly Rate/ Salary Starting: Final:

Please attach an additional sheet if necessary

Security

Have you ever taken any merchandise, money, or property from an employer without permission? Yes ☐ No ☐
If yes, please provide details:

EDUCATION

Circle highest grade completed: Elementary/ Middle 6 7 8 High School 9 10 11 12 College 13 14 15 16 17 18 (+)
List all, whether or not degree was obtained:

	Name of School	Location (city, State)	Field of Study	Degree	Received?
HIGH SCHOOL					YES/ NO
COLLEGE					YES/ NO
COLLEGE					YES/ NO

SKILLS AND QUALIFICATIONS

Please list all that apply:

PROFESSIONAL REFERENCES

Please provide name, work relationship, email address (if available) and telephone number of three Supervisors/Managers or other professional references that are not related to you:

Name	Work relationship	Email Address	Phone Number

May we contact each of your references? Yes ☐ No ☐ If not, who and why? _____

SIGNATURE

READ CAREFULLY BEFORE SIGNING AS THESE ITEMS REPRESENT SIGNIFICANT MATTERS IN CONNECTION WITH YOUR APPLICATION
I certify that the statements and information furnished by me in this application are true and correct. I understand that omitted, false or misstated statements on this application are grounds for refusal to hire, or dismissal, at any time the Company becomes aware of the omitted, falsified, or misstated information. I understand that Survival Clothing & Footwear is not obligated to provide me with employment and that I am not obligated to accept employment. I understand that any contract contained in this application, or conveyed during any interview that may be granted, or during my employment, if hired, is intended to create a contract for continued employment with Survival Clothing & Footwear except as required by applicable federal, state, and local law. In addition if an employment relationship is created, I acknowledge that my employment and compensation can be terminated with or without cause, and with or without notice at any time, at the option of either the Company or myself and that this cannot be altered except by an express written agreement signed by myself and a designated officer of the Company. I further understand and agree that no manager or other representative of the Company has the authority to make any verbal promises or commitments to me with respect to any term, condition, or privilege of my employment including compensation. I further understand that no policy, benefit or procedure contained in any employee handbook creates a contract for continued employment. I understand and agree that, if hired, I will be required to abide by all rules and regulations of Survival Clothing & Footwear and that my wages, benefits and conditions of employment can be changed by the Company in its sole discretion.

While I understand that this application will be kept on file for a period of up to one year, I further understand that this application will be considered active for a period not to exceed ninety (90) days. I understand that if I wish to be considered for employment beyond this period, I should inquire as to whether or not applications are being accepted for the position for which I am interested and, if so, submit a new application.

MY SIGNATURE CERTIFIES THAT I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS

DATE OF APPLICATION: _____ SIGNATURE OF APPLICATION: _____