



BARNEY'S PUMPS

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EMPLOYMENT APPLICATION

We are an equal-opportunity employment company. We are dedicated to a policy of non-discrimination in employment on any basis, including sex, race, color, national origin, age, religion, disability, citizenship status, veteran status, or marital status.

Last Name	First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address				Contact	
<input type="text"/>				<input type="text"/>	
<input type="text"/>				Phone <input type="text"/>	
<input type="text"/>				E-mail <input type="text"/>	
City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>

Are you 18 years or older?
 YES NO

Other names ever used

Position applied for

TRAINING & EDUCATION:

Have you received a high school diploma or equivalent certificate? Yes No Highest Grade Completed

List Business, Vocational or Technical Colleges or Schools Attended

Name/Location of School	From		To		Title Of Program	Certificates, Awards or Distinctions Received	Did You Graduate?	
	MM	YYYY	MM	YYYY			Yes	No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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List Colleges or Universities Attended

Name/Location of School	From		To		Major Field Of Study	Type of Degree Earned (BA, BS, MA etc.)	Date Degree Rec'd (Month & Year)	
	MM	YYYY	MM	YYYY			<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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LICENSES & CERTIFICATIONS

Please list any job-related licenses or certificates that you have (provide the name of the licensing agency, date received, and expiration date)

SKILLS

List skills in terms of software, programming languages, ERP systems, equipment, and others.

EMPLOYMENT RECORD: (Starting with your present/latest job, list jobs and activities including military service, part-time employment and volunteer work

From			To			Annual Salary/Wage		Position/Job Title:
DD	MM	YYYY	DD	MM	YYYY	Starting	Latest	
Term: Part-time <input type="checkbox"/> Full-time <input type="checkbox"/>						Others (e.g. Bonuses, Longevity Pay etc.)		Name and Position of Supervisor:
Name and Address of Organization:								Number of Employees you Supervised:
Nature of Business:								Reason for Leaving/Wanting to Leave:
				Telephone No.				
Describe your Work:								

From			To			Annual Salary/Wage		Position/Job Title:
DD	MM	YYYY	DD	MM	YYYY	Starting	Latest	
Term: Part-time <input type="checkbox"/> Full-time <input type="checkbox"/>						Others (e.g. Bonuses, Longevity Pay etc.)		Name and Position of Supervisor:
Name and Address of Organization:								Number of Employees you Supervised:
Nature of Business:								Reason for Leaving:
				Telephone No.				
Describe your Work:								

From			To			Annual Salary/Wage		Position/Job Title:
DD	MM	YYYY	DD	MM	YYYY	Starting	Latest	
Term: Part-time <input type="checkbox"/> Full-time <input type="checkbox"/>						Others (e.g. Bonuses, Longevity Pay etc.)		Name and Position of Supervisor:
Name and Address of Organization:								Number of Employees you Supervised:
Nature of Business:								Reason for Leaving:
				Telephone No.				
Describe your Work:								

From			To			Annual Salary/Wage		Position/Job Title:	
DD	MM	YYYY	DD	MM	YYYY	Starting	Latest		
Term: Part-time <input type="checkbox"/> Full-time <input type="checkbox"/>						Others (e.g. Bonuses, Longevity Pay etc.)			
Name and Address of Organization:									
Nature of Business:						Telephone No.			
Describe your Work:									

- If you have had more than four jobs, attach additional pages to record them -

Have you any objections to our making inquiries with your present employer?
If "Yes", why? Yes No

Are you able to perform the essential functions of the job applied for with or without reasonable accommodation?
Yes No

Do you possess a valid driver's license?
Yes No

Have you ever been on probation or sentenced to jail/prison as a result of a felony conviction or guilty plea to a felony charge?
If "Yes", give the law enforcement authority, the offense, date of offense, place and disposition of case: Yes No

Have you ever been discharged or forced to resign from any position?
If "Yes", give details: Yes No

What approximate starting salary/wage will be acceptable to you for this position?
 per month / per hour

How soon will you be available to start work after being found suitable and physically fit for employment?
 Immediately Week's Time Other (Please specify)

AUTHORITY TO RELEASE INFORMATION: I consent to the release of information concerning my capacity and/or all aspects of prior job performance by employers, educational institutions, law enforcement agencies, and other individuals and agencies to duly accredited investigators, human resources staff, and other authorized employees for the purpose of determining my eligibility and suitability for employment.

I certify that all statements made on this application and any attached papers are true and complete to the best of my knowledge. I understand that information on this application may be subject to investigation and verification and that any misrepresentation or material omission may cause my application to be rejected, my name to be removed from the eligible register and/or subject me to dismissal from my position in the company.

I HAVE READ THE STATEMENTS ABOVE CAREFULLY BEFORE SIGNING THIS APPLICATION:

Date: Signature: