

Atlantic Pack & Parcel is a Drug Free and Smoke Free Workplace.

NAME: (Last Name, First Name, Middle Initial)								
Street Address City/State Zip				p Code		Phone Number:		
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If hired, you must provide evidence of legal eligibility to work in the U.S.					Any offer of employment is conditioned upon completing form I-9 and providing the appropriate documents for identity and work authorization.			
Position Desired:				Salary	Salary Desired:			
Date you can begin work? Are you 18 years of age			ears of age or old	er?	? If under 18 years of age, you will be required to submit a birth certificate or work certificate as required by state or federal law.			
Nome of	high agha at as	d . d .	City & State		Croducts?	GED?	D 1 CED E	
Name of high school attended:			City & State		Graduate?	GED?	Received GED From:	
Name of college or technical school:			City & State		Graduate?	Degree?	Major:	
	-							
Are you presently enrolled in school?			If yes, give name & address of school and expected degree date:					
List any j	ob-related ski	lls or accomplish	nments, including	military se	ervice:			
		1	, 0	Ž				
- Your Availability For Work -								
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Holidays	
From:								
To:								
Total hours per week you are available to work:			Do you have any special requests or needs for a work schedule?					



- Provide Three References Who Are Not Former Employers Who We May Contact -

Name and Occupation	How do you know them, and for how long?	Phone Number

Your Employment History

If you have a resume to submit – check here:								
What have you learned from previous positions/jobs?								
May we contact current employers before you are offered a position?								
Name of Employer:	Job Title:							
	Duties:							
Address:	Dates of Employment:							
	From:	To:						
City, State,	Hourly pay or salary:							
Zip Code	Starting pay:	Ending pay:						
Supervisor:	Reason for Leaving:							
Supervisor.								
Telephone:								
Telephone.								
Name of Employer:	Job Title:							
1 7	Duties:							
Address:	Dates of Employment:							
	From:	To:						
City, State,	Hourly pay or salary:							
Zip Code	Starting pay:	Ending pay:						
Supervisor:	Reason for Leaving:	- 6 F - 7						
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Telephone:								
Name of Employer:	Job Title:							
T J	Duties:							
Address:	Dates of Employment:							
110010001	From:	To:						
City, State,	Hourly pay or salary:	- 						
Zip Code	Starting pay:	Ending pay:						
*	Reason for Leaving:	Znomg puj						
Supervisor:	Reason for Leaving.							
Telephone:								



Additional Information Requiring Additional Explanations		
Why do you want to work at Atlantic Pack & Parcel? Do you understand our industry?		
Why are you the best candidate for a job at Atlantic Pack & Parcel?		
T		
Have you done any volunteer work? If so, where and doing what?		
What are your Hobbies? Interests?		
What are your Hobbies. Interests.		
How did you learn about the job? Do you know any of our current or former employees?		
How the you learn about the job: Do you know any of our current of former employees:		
Described and the second secon		
Do you have an understanding of computers and associated use of Word, Excel, etc?		
Give examples of when you have provided excellent customer service.		
Site enumples of when you have provided excelent editioned service.		



Use space if needed for ,more examples excellent customer service.				
If you need to make additional notes than space allows, please add an additional page.				
CAREFULLY READ EACH STATEMENT BEFORE SIGNING AT THE BOTTOM				
I certify that all of the information provided in this employment application is true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application, including a criminal background, credit history check, and drug test, as applicable. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date.				
I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers, and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.				
I have read, understand, and agree to the above statements.				
Signature:	Date:			

Please attach copies of applicable certifications, licenses, and identification.

Atlantic Pack & Parcel

An Equal Opportunity Employer Reasonable accommodation will be provided as required by law.

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870 N Miramar & Indialantic & FL & 32903 www.atlanticpacknparcel.com