



# ZVRS Employment Application

600 Cleveland St, Suite 1000  
Clearwater, FL 33755  
www.zvrs.com

FAX completed application to: 727-443-1219  
or  
E-MAIL completed application to: jobs@zvrs.com

Please Print Clearly

Position desired: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Last

First

Middle

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Home

Cell

SS#: \_\_\_\_\_

Are you legally eligible to be employed in the United States? ☐ Yes ☐ No

Are you over the age of 18 years? ☐ Yes ☐ No

Have you ever worked for this Company before? ☐ Yes ☐ No

If yes, where?

When? (Give dates): \_\_\_\_\_ Job Title: \_\_\_\_\_

Do you have any relatives or friends who work for the Company? ☐ Yes ☐ No

If yes, who and where do they work?

How did you learn about this position? \_\_\_\_\_

When would you be available to begin work? \_\_\_\_\_

Are you available to work: ☐ Days ☐ Nights ☐ Weekends

Are you looking for: ☐ Full-Time ☐ Part-Time

If part-time, how many hours per week? \_\_\_\_\_

Are you presently employed? ☐ Yes ☐ No

If yes, why are you leaving?

PERSONAL

Start with your present or most recent position

Name of Employer:

Position Title:

Address:

Phone: (     )

Started Working (Mo/Yr):

-

Stopped Working(Mo/Yr):

Supervisor:

Salary:

Job Duties:

Reason for Leaving:

Name of Employer:

Position Title:

(     )

Started Working (Mo/Yr):

-

Stopped Working(Mo/Yr):

Supervisor:

Salary:

Job Duties:

Reason for Leaving:

Name of Employer:

Position Title:

(     )

Started Working (Mo/Yr):

-

Stopped Working(Mo/Yr):

Supervisor:

Salary:

Job Duties:

Reason for Leaving:

	School Name and Location	Course of Study	# of Years Completed	Diploma or Type of Degree Received
High School				
College/University				
Vocational, Trade School				

Please indicate any current professional licenses or certifications that you hold:

Have you completed any special courses, seminars and/or training that would enable you to perform the position for which you are applying?

☐ Yes ☐ No

If yes, please describe:

Give three (3) references (not relatives or employers):

Name: Occupation:

Full Address (including street, city, state and zip code):

Street

City

State

Zip

Telephone Number: ( )

Name: Occupation:

Full Address (including street, city, state and zip code):

Street

City

State

Zip

Telephone Number: ( )

Name: Occupation:

Full Address (including street, city, state and zip code):

Street

City

State

Zip

Telephone Number: ( )

Applicants will receive consideration for positions, without regard to race, color, religion, age, sex, except where sex is a bona fide occupational qualification, sexual orientation, marital status, individuals with disabilities, and equally to disabled veterans and veteran of the Vietnam era.

**IMPORTANT, PLEASE READ AND SIGN**

I understand that failure to reveal any prior employer, or giving false or misleading information by me on any part of this Application for Employment can be grounds for termination from the company or its' subsidiaries. I understand that if I am hired, my employment is for no definite time and may be terminated at any time without prior notice.

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Applicant Signature

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Date