



## APPLICATION FOR EMPLOYMENT

MetaWorld Civil Consulting, LLC is an equal opportunity employer. They comply with all State, Federal, and other laws concerning discrimination in employment. No question on this application is intended to elicit information in violation of any such law nor will any information obtained in response to any question be used in violation of any such law. MetaWorld is a Drug-Free Workplace. Under the provisions of Sec. 440.102, Fl. Stats., applicants for certain positions and employees injured in the course of employment or reasonably suspected of being under the influence of drugs or alcohol will be tested.

### **POSITION INFORMATION:**

Position Applying For: \_\_\_\_\_

What hours are you willing to work? \_\_\_\_\_

Would you be able to work weekends?  Yes  No

Are you willing to travel for the job?  Yes  No

When would you would you be able to start? \_\_\_\_\_

Are you legally eligible for employment in this country? Yes  No

Type of employment desired: Full time  Part time  Temp

Desired salary: \_\_\_\_\_ per \_\_\_\_\_

How did you hear about this job? \_\_\_\_\_

### **PERSONAL INFORMATION**

\_\_\_\_\_  
First Name Middle Initial Last Name

Current Address:

\_\_\_\_\_  
Street and Apt. # City State Zip Code

Permanent Address (if different from above):

\_\_\_\_\_  
Street and Apt. # City State Zip Code

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Do you have a current FL drivers license? Yes  No

NOT NECESSARY UNTIL  
REQUESTED

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Have you been convicted of a felony in the past 7 years?  Yes  No

If you answered yes, please explain:

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Have you ever served in the U.S. Military?  Yes  No

If yes, please provide the following information:

Branch of Service: \_\_\_\_\_ Rank at time of separation: \_\_\_\_\_

I served from \_\_\_\_\_ to \_\_\_\_\_.

Special Honors:

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**Skills:**

Please summarize any training, languages, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying:

**Computer:**

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**Languages Spoken (other than English):**

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**Other:**

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**EMPLOYMENT HISTORY:**

**Present or Most Recent Employer**

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

Your Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Supervisor: \_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_ May we contact?  Yes  No

Reasons for Leaving: \_\_\_\_\_

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

**Prior Employer**

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

Your Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact?  Yes  No  
Name Title

Reasons for Leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Prior Employer**

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

Your Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact?  Yes  No  
Name Title

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCE RELEASE AUTHORIZATION:**

By my signature below, I hereby authorize any person, educational institution, or company I have listed as a reference on my employment application or in my Résumé to disclose in good faith any information they may have regarding my qualifications and fitness for employment. I will hold MetaWorld, any former employers, educational institutions, and any other persons giving references free of liability for the exchange of this information and any other reasonable and necessary information incident to the employment process.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

## EDUCATION

### *High School*

\_\_\_\_\_  
Name and Address

Did you graduate?  Yes  No Years completed: \_\_\_\_\_.

If you did not graduate, did you receive your GED?  Yes  No

Special honors or awards: \_\_\_\_\_

### *Technical or Vocational School*

\_\_\_\_\_  
Name and Address

Did you graduate?  Yes  No Years Completed: \_\_\_\_\_.

Degree or Certification: \_\_\_\_\_ Specialty: \_\_\_\_\_

Special honors or awards: \_\_\_\_\_

### *College or University*

\_\_\_\_\_  
Name and Address

Did you graduate?  Yes  No Years completed: \_\_\_\_\_.

Degree: \_\_\_\_\_ Major: \_\_\_\_\_

Special honors or awards: \_\_\_\_\_

### *Personal References:*

Please list the name, address and telephone number of three references other than relatives or prior employers:

Name and Address:	Phone Number:	Years Known:
_____	_____	_____
Name and Address:	Phone Number:	Years Known:
_____	_____	_____
Name and Address:	Phone Number:	Years Known:
_____	_____	_____

I hereby certify that the information contained in this application and in any resume provided by me or any party representing my interests is correct and complete to the best of my knowledge. I understand that any false statements, representations or omissions made by me on this application, any supplement, or on a resume, will be sufficient grounds for rejection of this application or discharge from employment.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

If am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and that the employers reserve the same right to terminate my employment at any time, with or without cause and without prior notice. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employers, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand that the employers will not refuse to hire a qualified individual with a disability simply because of that person's need for a reasonable accommodation as required by the Americans with Disability Act.

If I am hired, I understand that I will be required to provide proof of identity and authorization to work. I also understand that this is a Drug-Free Workplace, and that applicants for certain positions and all employees injured in the course of employment or reasonably suspected of being under the influence of drugs or alcohol will be tested.

My signature below acknowledges that I have read the foregoing and that I agree to the above-stated terms.

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_