

APPLICATION FOR EMPLOYMENT

The Shipping Post

Name (last name first):	Social Security Number
Current Address:	
Phone (best to reach you)	Driver's Lic. No.
E-Mail Address:	

EMPLOYMENT SURVEY

Are you currently employed?

Are you proficient in using any forms of social media (Facebook, Twitter, etc.)

Is \$10.00 per hour a sufficient wage to start (going to be \$11.00 in October)?

Have you ever sold anything on-line? (If so, through what website?)

Do you have a valid Florida Driver's License?

Do you buy anything from Amazon, Ebay or other on-line sellers? (If so, which ones?)

How much weight can you comfortably lift?

Do you have any packing experience?

Do you own and can you operate a smart phone?

Do you have any shipping experience?

Do you text your friends and family?

Do you enjoy wrapping gifts?

Do you use email to communicate?

Are you good at wrapping gifts?

Do you have reliable transportation?

What is the current value of a 1st Class Stamp?

Do you have any health issues or physical limitations that would prevent you from being able to stand on your feet for most of the day?

Have you ever been convicted of a felony?

How many hours are you hoping to work each week?

Have you ever been convicted of a misdemeanor?

What is the most you want to work each week?

Have you ever been fired from a job?

What is the least amount of hours you'd be happy with each week?

Do you have local references you can provide?

What is the highest level of education that you completed?

How many months per year do you remain in South Florida?

What was your GPA?

What month(s) do you typically take vacations?

List the your most recent employer, supervisor, your position, the dates for which you were employed & why you left:

Employer: _____ Supervisor's Name: _____

Date you were employed: _____ Your title: _____

Reason for leaving: _____

List your all-time favorite job, when you did it, what you did and why it was your favorite:

Employer: _____ When/for how long? _____

What did you do here? _____

What made it your favorite? _____

List two strengths: _____

List two weaknesses: _____

List one personal reference that is not related to you:

Name: _____ Phone Number: _____

How long have you known them? _____ How do you know them? _____

Authorization and Attestation

I hereby certify that the information contained in this application is true and complete to the best of my knowledge and I understand that, if employed, falsified statements on this application shall be grounds for immediate termination of my employment.

I hereby authorize the investigation of all statements contained herein and further authorize the former employers that are listed on this application to provide The Shipping Post and its agents or assigns with any and all information concerning my previous employment that is deemed applicable to the evaluation process. I hereby release my former employers listed herein from all liability for any damage that may result from the utilization of such information.

Date: _____ Signature: _____