



6018 SW Hwy 72
 Arcadia, FL 34266
 863-993-4004

EMPLOYMENT APPLICATION

PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

PLEASE CIRCLE YOUR RESPONSE OR PROVIDE APPROPRIATE INFORMATION

What schedule would you prefer?

Day Shift Mix Shift Night Shift Trim Shift Maintenance Shift

Day Shift: Sunday, Wednesday, Thursday, Friday 6:00 am – 6:30 pm

Mix Shift: Monday, Tuesday 6:00 am – 6:30 pm / Thursday, Friday 6:00 pm – 6:30 am

Night Shift: Sunday, Monday, Tuesday, Wednesday 6:00 pm – 6:30 am

Trim Shift: Tuesday – Friday 6:00 am-4:30 pm Saturday 6:00 am-2:30 pm

Maintenance Shift: Monday-Friday 7:00 am – 3:30 pm

Are you Bilingual ? Yes No Languages _____

Do you have a valid Driver's License or ID? Yes No

Do you have your OWN AND RELIABLE transportation ? Yes No

Are you authorized to work in the United States? Yes No

Are you under 18 years of age? Yes No

If yes, can you furnish a work permit? Yes No

Are you capable of performing the essential functions of the job for which you are applying with or without a reasonable accommodation? Yes No

Have you ever been convicted of a felony Yes No

If yes, please describe: _____

How did you hear about us? _____

Did a Crown Employee Refer you here? _____ If yes, who? _____



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WORK EXPERIENCE (list most recent job first)

Dates employed: _____ **Job Title** _____

Employer: _____ **Phone:** _____

Reason for leaving: _____

May we Contact? Yes No

Dates employed: _____ **Job Title** _____

Employer: _____ **Phone:** _____

Reason for leaving: _____

May we Contact? Yes No

Dates employed: _____ **Job Title** _____

Employer: _____ **Phone:** _____

Reason for leaving: _____

May we Contact? Yes No

EDUCATION

Name & Address of School	Major Subject	Did you Graduate?	Type of Degree or Diploma
High School			
College			
College or Graduate			
Other			

SIGNED _____

DATE _____