



2950 Lake Emma Road Lake Mary, FL 32746  
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**APPLICATION FOR EMPLOYMENT**

**Central Florida Box Corporation (CFB) IS AN EQUAL OPPORTUNITY EMPLOYER. IT IS OUR POLICY THAT ALL APPLICANTS BE CONSIDERED SOLELY ON THE BASIS OF QUALIFICATIONS AND ABILITY WITHOUT REGARD TO RACE, RELIGION, COLOR, SEX, AGE, NATIONAL ORIGIN, DISABILITY OR VETERAN STATUS.**

**PLEASE PRINT AND COMPLETE FORM IN DETAIL. PLEASE BE SPECIFIC AND FILL IN ALL APPROPRIATE BLANKS. ALL INFORMATION GIVEN WILL BE HELD IN STRICT CONFIDENCE.**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_ Apt. or P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Are you 18 years of age or older? Yes \_\_\_\_\_ No \_\_\_\_\_ Cell Phone: \_\_\_\_\_

If a job is offered, will you be able to provide verification of your legal right to work in the U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been convicted of a crime other than a minor traffic violation? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Last Name: \_\_\_\_\_  
 First: \_\_\_\_\_  
 M.I. \_\_\_\_\_

Date available for employment: \_\_\_\_\_ Shifts available to work: Day \_\_\_\_\_ Evening \_\_\_\_\_ Night \_\_\_\_\_

If the job requires, are you willing to travel? Yes \_\_\_\_\_ No \_\_\_\_\_ Relocate? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you previously applied at **CFB**? Yes \_\_\_\_\_ No \_\_\_\_\_ If "yes", when/where? \_\_\_\_\_

Have you previously worked at **CFB**? Yes \_\_\_\_\_ No \_\_\_\_\_ If "yes", when/where? \_\_\_\_\_

Are you able to perform the specific responsibilities of the job for which you are applying with or without a reasonable accommodation? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain: \_\_\_\_\_

Where did you hear about employment opportunities with **Central Florida Box Corporation**?

Personal Referral \_\_\_\_\_ Newspaper Ad \_\_\_\_\_ Monster \_\_\_\_\_ Other (explain) \_\_\_\_\_

Please list relatives and/or acquaintances employed by **CFB**: \_\_\_\_\_

FOR OFFICE USE ONLY -----			
	Possible Positions:	Work Location:	Rate:
	1.		
	2.	Position:	Start Date:
	3.		

Position applying for: \_\_\_\_\_

If applying for clerical work, show present job skill-level. Include typing (wpm), computer software, and any other machines or equipment you can operate: \_\_\_\_\_

\_\_\_\_\_

If applying for sales, technical, professional, or administrative work, give highlights of any special training or experience which may be helpful: \_\_\_\_\_

\_\_\_\_\_

If applying for plant work, indicate any training or experience, which might be useful. Include any equipment or machinery you are able to operate and any applicable certifications or licenses held: \_\_\_\_\_

\_\_\_\_\_

**Personal References:**

List three people whom we may contact for references (include CFB employees, if any):

	<u>Name</u>	<u>How long acquainted?</u>	<u>Home/Work Phone number</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**Please read the following. Your signature signifies that you have read and agree to the statements below:**

1. Under Florida law an employer may not require or demand any applicant for employment or prospective employment or any employee to submit to or take a polygraph, lie detector or similar test or examination as a condition of employment or continued employment. Any employer who violates this provision is guilty of a misdemeanor and subject to a fine not to exceed \$100.00.
2. The foregoing information is accurate and I authorize verification by Central Florida Box Corporation. I agree that any false or misleading statement made on this application for employment, during interviews, or any additional forms signed by me in connection with my employment shall be sufficient cause for my dismissal.
3. Due to the nature of its business, Central Florida Box Corporation is officially authorized to obtain a consumer report about me in order to consider me for employment.
4. I understand that Central Florida Box Corporation may require that I undergo a physical exam, to include drug testing, as a condition of employment and I hereby authorize Central Florida Box Corporation.
5. I understand that **Central Florida Box Corporation is an employment AT-WILL Company**. This means that I may terminate my employment at any time, with or without a cause, and that Central Florida Box Corporation also reserves the right to terminate my employment at any time, with or without cause.

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

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

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

**Employment Experience:**

**(ATTACH RESUME IF APPLICABLE)**

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*Present Or Last Position*

Employer: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Position held: \_\_\_\_\_

Period of Employment (from) \_\_\_\_\_ (to) \_\_\_\_\_ Rate of earnings: \_\_\_\_\_ per \_\_\_\_\_

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

May we contact this employer for a reference? \_\_\_\_\_ Yes \_\_\_\_\_ No Phone number: \_\_\_\_\_

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*Next Previous Position*

Employer: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Position held: \_\_\_\_\_

Period of Employment (from) \_\_\_\_\_ (to) \_\_\_\_\_ Rate of earnings: \_\_\_\_\_ per \_\_\_\_\_

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

May we contact this employer for a reference? \_\_\_\_\_ Yes \_\_\_\_\_ No Phone number: \_\_\_\_\_

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*Next Previous Position*

Employer: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Position held: \_\_\_\_\_

Period of Employment (from) \_\_\_\_\_ (to) \_\_\_\_\_ Rate of earnings: \_\_\_\_\_ per \_\_\_\_\_

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

May we contact this employer for a reference? \_\_\_\_\_ Yes \_\_\_\_\_ No Phone number: \_\_\_\_\_

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*Next Previous Position*

Employer: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Position held: \_\_\_\_\_

Period of Employment (from) \_\_\_\_\_ (to) \_\_\_\_\_ Rate of earnings: \_\_\_\_\_ per \_\_\_\_\_

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

May we contact this employer for a reference? \_\_\_\_\_ Yes \_\_\_\_\_ No Phone number: \_\_\_\_\_

**Education Background:**

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

Type of School	Name and Location	Circle Last Year Completed	Did You Graduate?	Field of Study
High School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business or Trade		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College or University		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	Major/Minor Degree
Post Graduate		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

List other formal educational experience (i.e., night school; home study courses; GED; etc): \_\_\_\_\_

If presently enrolled, indicate where and field of study: \_\_\_\_\_

Describe any definite plans for further study: \_\_\_\_\_

List significant extra-curricular activities; honors or awards; positions held; elective offices: \_\_\_\_\_

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**U.S. Military Service:**

Dates of Active Duty: From \_\_\_\_\_ to \_\_\_\_\_ Branch of Service: \_\_\_\_\_

Highest Rank or Rate: \_\_\_\_\_ Major Duties: \_\_\_\_\_

Describe any current Reserve obligations for which accommodations must be made: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_ If other than "Honorable," explain: \_\_\_\_\_

Indicate any military experience or training you feel might be of interest and value to Benelli USA Corporation: \_\_\_\_\_

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Please list any additional comments regarding special skills or work experience:

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