



Bridge to Employment in Manufacturing: Screening Application

NAME: (Last)		(First)	M. I.	Social Security No	
ADDRESS: (Street)		(City)		(State)	(Zip)
PHONE NO.	Are you a Veteran Yes No		Are you 18 years or older Yes No		Are you a U.S. Citizen Yes No
Have you been convicted of a Felony within the last 7 years: Yes No				If yes, please explain.	

Highest Grade Completed		Degree Obtained						
Diploma	GED	Major	AA	AS	BA	BS	MA	PHD

EMAIL:

Employment History

Employer		Address		PHONE NUMBER	
Job Title			Ending Salary		
Dates Employed		From:	Starting Salary		
		To:	REASON FOR LEAVING:		
Duties:					

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Have you ever worked in a manufacturing environment? If so, Where? How long?

Why are you interested in completing this training program?

Authorization: I certify that the facts contained in this application are true and complete to the best of my knowledge. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

**** NOTE: Most Marion County employers abide by the Florida Drug-Free Workplace Policy. ****

Signature _____

Date _____