S.A.F.E. MANAGEMENT
3659 West Hillsborough Avenue
Tampa, Fl 33614
(813) 879-0901 (Phone)
(813) 879-0956 (Fax)

Application for Employment

S.A.F.E. Management of Florida, LLC and/or its related or affiliated entities are equal opportunity employers. All hiring and other personnel decisions are made without regard to race, color, religion, sex, national origin, age, height, weight, mental or physical disability, genetic information, arrest record or any other basis prohibited by law.

Web Site: www.safemanagement.net
Email Address: safesbxliii@safemanagement.net

Personal Information

Name: _____
Last Name **First Name** **Middle**

Social Security Number: _____ **Age:** ❑ **Under 18** ❑ **Over 18**

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: (____) _____ **Work Phone:** (____) _____ **Other Phone:** (____) _____

When is the best time to reach you? _____

How did you Hear about us? _____ **Email Address:** _____

If employed, can you provide documentation of your identity and eligibility of employment in the United States? ❑ **Yes** ❑ **No**

Are you currently using any illegal drugs? ❑ **Yes** ❑ **No**

Have you ever been convicted of a misdemeanor or a felony? ❑ **Yes** ❑ **No**

If yes, state the crime and the date of conviction. Note: a conviction will not necessarily disqualify any applicant.

_____

Education Record

School	Name & Location of School	Course of Study	# of Years Completed	Degree Received
Graduate				
College				
High School				
Other				

Employment History

Begin with your most recent employer.

Company Name:	**Telephone: ( )**
Address:	**Employed (state month and year):**
	From: To:
Name of Supervisor:	**Weekly Pay:**
State Job Title and Describe Your Work:	**Reason For Leaving:**

Company Name:	**Telephone: ( )**
Address:	**Employed (state month and year):**
	From: To:
Name of Supervisor:	**Weekly Pay:**
State Job Title and Describe Your Work:	**Reason For Leaving:**

Professional References

Company Name & Address:	
Contact Name:	**Job Title:**
Phone: ( )	

Company Name & Address:	
Contact Name:	**Job Title:**
Phone: ( )	

Emergency Contact

Name	**Relation**	**( ) Phone**

Authorization

I certify that all of the answers given in this application and during the interview process are true and complete to the best of my knowledge. I authorize the investigation of all statements contained in this application and/or made during the interview process.

I understand that the misrepresentation or omission of facts is cause for rejection of my application or my dismissal from employment. Further, I understand and agree that any employment for which I am selected be at will. This means that my employment will be for no definite period and may be terminated at any time with or without cause and with or without notice at the option of either S.A.F.E. Management of Florida, LLC and/or its related or affiliated entities or myself. In the event I become an employee of S.A.F.E. Management of Florida, LLC and/or its related or affiliated entities, I agree to comply with all rules and regulations of S.A.F.E. Management of Florida, LLC and/or its related or affiliated entities and its clients.

Signature	**Date**