



Mid Florida Metal Roofing Supply, Inc.  
 27622 County Road 561, Tavares, FL  
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 Email: amyprince@mfmrs.com

**HOW DO WE CONTACT YOU**

Your Name			
Social Security Number			
Your Mailing Address			
City	County	State	Zip Code
Home Phone	Business Phone	EMAIL:	

**EDUCATION**

**HIGH SCHOOL:**

NAME/ADDRESS OF SCHOOL	RECEIVED: <input type="checkbox"/> Diploma <input type="checkbox"/> Other (specify) <input type="checkbox"/> None
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*YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL:*

**COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL: (TRANSCRIPTS MAY BE REQUIRED)**

NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH/YEAR)		CREDIT HOURS EARNED		MAJOR/MINOR COURSE OF STUDY	TYPE OF DEGREE EARNED
		FROM	TO	QTR	SEM		

*YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL:*

**JOB-RELATED TRAINING OR COURSE WORK: (VOCATIONAL, TRADE, GOVERNMENTAL, BUSINESS, ARMED FORCES, ETC.)**

NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH/YEAR)		CREDIT HOURS EARNED		COURSE OF STUDY	TRAINING COMPLETED?	
		FROM	TO	CLASS	CLOCK		YES	NO

**LICENSURE, REGISTRATION, CERTIFICATION** EXAMPLES: Driver License, Teacher Certification, RN, LPN, PE, CPA, Etc.

LICENSE, REGISTRATION OR CERTIFICATION:	Number	Date Received	Expiration Date	State Licensing Agency

# EXPERIENCE

Describe your work experience in detail, beginning with your current or most recent job. Use a separate block to describe each position. Include military service (indicate rank) and job-related volunteer work, if applicable. Indicate number of employees supervised. Provide an explanation of any gaps in employment. If needed, attach additional sheets, using the same format as on the application. **Resumes are acceptable for the description of duties and responsibilities only.** All other information in this section **must** be completed.

**1** Name of Present or Last Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

FROM: \_\_\_/\_\_\_/\_\_\_ TO: \_\_\_/\_\_\_/\_\_\_ HOURS PER WEEK: \_\_\_\_\_  
MTH DAY YEAR MTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities:

Reason for Leaving: \_\_\_\_\_

**2** Name of Next Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

FROM: \_\_\_/\_\_\_/\_\_\_ TO: \_\_\_/\_\_\_/\_\_\_ HOURS PER WEEK: \_\_\_\_\_  
MTH DAY YEAR MTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities:

Reason for Leaving: \_\_\_\_\_

**3** Name of Next Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

FROM: \_\_\_/\_\_\_/\_\_\_ TO: \_\_\_/\_\_\_/\_\_\_ HOURS PER WEEK: \_\_\_\_\_  
MTH DAY YEAR MTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities:

Reason for Leaving: \_\_\_\_\_

**4** Name of Next Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

FROM: \_\_\_/\_\_\_/\_\_\_ TO: \_\_\_/\_\_\_/\_\_\_ HOURS PER WEEK: \_\_\_\_\_  
MTH DAY YEAR MTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities:

Reason for Leaving: \_\_\_\_\_

## SKILLS

List the skills you possess and believe relevant to the position you seek, such as operating heavy equipment, computer skills, fluency in language(s), etc.

## LAW ENFORCEMENT BACKGROUND

ARE YOU A CURRENT OR FORMER LAW ENFORCEMENT OFFICER, OTHER EMPLOYEE\*\* OR THE SPOUSE OR CHILD OF ONE, WHO IS EXEMPT FROM PUBLIC RECORDS DISCLOSURE UNDER §119.07(3)(k)1, F.S.?  Yes  No

\*\*Other covered jobs include: correctional and correctional probation officers, firefighters, certain judges, assistant state attorneys, state attorneys, assistant and statewide prosecutors, and certain investigators in the Department of Children and Families [SEE §119.07(3)(k)1, F.S.].

## BACKGROUND INFORMATION

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR FIRST DEGREE MISDEMEANOR?

Yes  No

If "yes," what charges? \_\_\_\_\_

Where convicted? \_\_\_\_\_ Date of Conviction \_\_\_\_\_

HAVE YOU EVER PLED NOLO CONTENDERE OR PLED GUILTY TO A CRIME WHICH IS A FELONY OR A FIRST DEGREE MISDEMEANOR?

Yes  No

If "yes," what charges? \_\_\_\_\_

Where? \_\_\_\_\_ Date \_\_\_\_\_

HAVE YOU EVER HAD THE ADJUDICATION OF GUILT WITHHELD TO A CRIME WHICH IS A FELONY OR A FIRST DEGREE MISDEMEANOR?

Yes  No

If "yes," what charges? \_\_\_\_\_

Where? \_\_\_\_\_ Date \_\_\_\_\_

NOTE: A "YES" answer to these questions will not automatically bar you from employment. The nature, job relatedness, severity and date of the offense in relation to the position for which you are applying are considered.

## CITIZENSHIP

ARE YOU A U.S. CITIZEN OR ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.?  Yes  No

**NOTE:** The State of Florida hires only U.S. citizens and lawfully authorized alien workers. If a conditional offer of employment is made, you will be required to provide proof of citizenship or authorization to work in the U.S.

## CERTIFICATION:

I am aware that any **omissions, falsifications, misstatements, or misrepresentations above** may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff, and other authorized employees of Florida state government for employment purposes. This consent shall continue to be effective during my employment if I am hired. I understand that applications submitted for state employment are public records. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are **true, correct, complete, and made in good faith.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_