



11700 SW 304th ST
Homestead, FL 33033
P: 305.224.1839
E: apply@shoohthc.com

EMPLOYMENT APPLICATION

POSITION: _____ EMAIL: _____ Date: _____

LAST NAME: _____ FIRST: _____ MIDDLE FULL: _____

S.S.#: _____ - _____ - _____ D.L.: _____ D.O.B.: ____ / ____ / _____

Provide your last 2 residential address(s).

STREET ADDRESS: _____ HOW LONG? _____

CITY: _____ STATE: _____ ZIP: _____ TELEPHONE NO: _____

STREET ADDRESS: _____ HOW LONG? _____

CITY: _____ STATE: _____ ZIP: _____ TELEPHONE NO: _____

Work history over past 3 years. Begin with current position and work backwards. Add additional sheets if necessary or attach Resume.

START DATE: _____ FINAL/PRESENT: _____

TITLE/POSITION: _____ SALARY: _____

FIRM NAME: _____ TYPE OF BUSINESS: _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

IMMEDIATE SUPERVISOR: _____ TELEPHONE: _____

EXPLAIN IN DETAIL PRESENT DUTIES: _____

REASON FOR LEAVING: _____

MAY WE CONTACT YOUR PREVIOUS EMPLOYER(S)? YES NO

START DATE: _____ FINAL/PRESENT: _____

TITLE/POSITION: _____ SALARY: _____

FIRM NAME: _____ TYPE OF BUSINESS: _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

IMMEDIATE SUPERVISOR: _____ TELEPHONE: _____

EXPLAIN IN DETAIL PRESENT DUTIES: _____

REASON FOR LEAVING: _____

MAY WE CONTACT YOUR PREVIOUS EMPLOYER(S)? YES NO



11700 SW 304th ST
Homestead, FL 33033
P: 305.224.1839
E: apply@shoohetc.com

US Military Record

HAVE YOU BEEN A MEMBER OF THE US MILITARY: YES NO ACTIVE SERVICE DATES: _____

SERVICE BRANCH: _____ ACTIVE INACTIVE HIGHEST RANK-GRADE: _____

PRINCIPAL DUTIES: _____

HAS THE U.S. GOVERNMENT EVER GRANTED YOU A SECURITY CLEARANCE? YES NO

ACTIVE DATES: _____

DESCRIBE SPECIAL TRAINING YOU MAY HAVE RECEIVED THAT WOULD AID YOU IN THE POSITION FOR WHICH YOU ARE APPLYING:

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? YES NO

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME, WHETHER FELONY OR MISDEMEANOR? YES NO

IF YES, EXPLAIN - PROVIDE DATE(S) AND JURISDICTION(S): _____

IF YOUR JOB REQUIRES DRIVING, PLEASE ANSWER:

DO YOU HAVE ANY DRIVING VIOLATIONS? YES NO

IF YES, GIVE APPROXIMATE DATES AND TYPE OF VIOLATION: _____

RELATIVES AND/OR ACQUAINTANCES EMPLOYED BY SR TECHNOLOGIES OR HTC:

NAME _____ RELATIONSHIP _____

NAME _____ RELATIONSHIP _____

Education

(COMPLETE THE FOLLOWING INFORMATION - ADD ADDITIONAL SHEETS IF NECESSARY)

NAME OF HIGH SCHOOL _____ GRADUATED? YES NO

CITY/STATE _____ YEARS COMPLETED 9 10 11 12 CIRCLE ONE

COLLEGE/VOCATIONAL SCHOOL NAME _____ FT PT

CITY/STATE _____ MAJOR/MINOR: _____

DATES ATTENDED: FROM _____ TO _____ CIRCLE LAST YEAR COMPLETED: 1 2 3 4 5

GRADUATED? YES NO DEGREE RECEIVED: _____

COLLEGE/VOCATIONAL SCHOOL NAME _____ FT PT

CITY/STATE _____ MAJOR/MINOR: _____

DATES ATTENDED: FROM _____ TO _____ CIRCLE LAST YEAR COMPLETED: 1 2 3 4 5

GRADUATED? YES NO DEGREE RECEIVED: _____

