



Datum
5107 N. Australian Ave.
West Palm Beach, FL 33407
954.541.9745
www.datumwholesale.com

APPLICATION FOR EMPLOYMENT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify our Human Resources Department.

PERSONAL INFORMATION

Today's Date: _____ Social Security Number: _____

Name: _____
FIRST MIDDLE LAST

Address: _____
STREET CITY STATE ZIP

Home Phone: _____ Cell Phone: _____ Other: _____

REFERRAL SOURCE (Please check the appropriate category and name the source)

- | | |
|--|--|
| <input type="checkbox"/> Walk-in _____ | <input type="checkbox"/> School _____ |
| <input type="checkbox"/> Employee _____ | <input type="checkbox"/> Job Fair _____ |
| <input type="checkbox"/> Advertisement _____ | <input type="checkbox"/> Staffing Agency _____ |
| <input type="checkbox"/> Company's Website _____ | <input type="checkbox"/> Govt. Employment Agency _____ |
| <input type="checkbox"/> Other Internet _____ | <input type="checkbox"/> Other _____ |



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ADDITIONAL INFORMATION

Position Applied for: _____ Date you can start: _____

Wage desired: \$ _____ per _____ Are you currently employed? YES NO

Do you have a valid driver's license? YES NO State: _____ DL #: _____

Check if you are willing to work: FULL TIME PART TIME WEEKENDS OVERTIME

Have you ever been employed by Datum before? YES NO If yes, when? _____

Have you ever submitted an employment application here before? YES NO If yes, when? _____

Are you legally eligible for employment in the United States? YES NO

Will you re-locate if the job requires? YES NO Will you travel within Florida if required? YES NO

Answering "yes" to the following questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for are considered.

Have you ever been convicted of a criminal offense? YES NO

Have you ever plead "No Contest" to a criminal offense? YES NO

Have you ever had "Adjudication Withheld" for a criminal offense? YES NO

Have you ever been bonded? YES NO

If your answer is "yes" to any of the above (4) questions, please explain here:



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EMPLOYMENT HISTORY (Starting with your most recent employer, please provide the following information)

Employer: _____ Telephone No: _____

Employer Address: _____
Street City State Zip

Job Title: _____ Supervisor's Name: _____ May we contact? YES NO

Dates Employed: FROM _____ TO _____ Salary / Wage: \$ _____ Per _____

Why did you leave? _____

What did you like most about your job? _____

What did you like least about your job? _____

Employer: _____ Telephone No: _____

Employer Address: _____
Street City State Zip

Job Title: _____ Supervisor's Name: _____ May we contact? YES NO

Dates Employed: FROM _____ TO _____ Salary / Wage: \$ _____ Per _____

Why did you leave? _____

What did you like most about your job? _____

What did you like least about your job? _____

Employer: _____ Telephone No: _____

Employer Address: _____
Street City State Zip

Job Title: _____ Supervisor's Name: _____ May we contact? YES NO

Dates Employed: FROM _____ TO _____ Salary / Wage: \$ _____ Per _____

Why did you leave? _____

What did you like most about your job? _____

What did you like least about your job? _____



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EMPLOYMENT HISTORY CONTINUED

Explain any gaps in your employment history, other than those due to personal illness, injury, or disability:

Have you ever been fired or asked to resign from a job? YES NO

If your answer is "yes", please explain:

SKILLS and QUALIFICATIONS

Summarize any special training skills, licenses and/or certificates you have that may assist you in performing the position you are applying for:

COMPUTER SKILLS (Check appropriate boxes, include software titles and years' experience)

- | | |
|---|--|
| <input type="checkbox"/> Word Processing: _____ Years | <input type="checkbox"/> Internet: _____ Years |
| <input type="checkbox"/> Spreadsheet: _____ Years | <input type="checkbox"/> Presentation: _____ Years |
| <input type="checkbox"/> Outlook Email: _____ Years | <input type="checkbox"/> Other: _____ Years |
| <input type="checkbox"/> Other: _____ Years | <input type="checkbox"/> Other: _____ Years |



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EDUCATIONAL BACKGROUND

Starting with your most recent school attended, provide the following information:

SCHOOL	CITY	STATE	YEARS COMPLETED	DEGREE
JUNIOR HIGH SCHOOL				
HIGH SCHOOL				
COMMUNITY COLLEGE				
UNIVERSITY				
OTHER				

REFERENCES

Please list the name and telephone number of three business/work references who are not related to you and are not your previous supervisors. If not applicable, list three (3) school or personal references who are not related to you.

NAME	TITLE	RELATIONSHIP TO YOU	TELEPHONE #	YEARS KNOWN

Is there any other job-related information you want us to know about?



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APPLICANT STATEMENT

I HEREBY CERTIFY THAT ALL OF THE INFORMATION CONTAINED IN THIS APPLICATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT, IF EMPLOYED, OMISSIONS, FALSE, OR INACCURATE STATEMENTS ON THIS APPLICATION MAY RESULT IN DISMISSAL.

I HEREBY AUTHORIZE ALL PRIOR EMPLOYERS, SCHOOLS, CREDIT BUREAUS, SOCIAL SECURITY ADMINISTRATION, LAW ENFORCEMENT AGENCIES AND INVESTIGATIVE AGENCIES TO GIVE **DATUM** ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT, AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, CONCERNING MY QUALIFICATIONS FOR THE POSITION APPLIED FOR.

I RELEASE ALL PERSONS OR ENTITIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING INFORMATION TO **DATUM**. I ALSO RELEASE **DATUM** AND ALL OF ITS EMPLOYEES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM RELIANCE ON THE INFORMATION FURNISHED.

I UNDERSTAND THAT IF A CONSUMER INVESTIGATIVE REPORT IS REQUESTED, I HAVE THE RIGHT UNDER THE FAIR CREDIT REPORTING ACT TO REQUEST, IN WRITING, WITHIN A REASONABLE TIME, A COMPLETE AND ACCURATE DISCLOSURE OF THE NATURE AND SCOPE OF THE INVESTIGATION. THIS WRITTEN REQUEST SHOULD BE ADDRESSED TO THE LOCATION WHERE THIS APPLICATION IS FILED.

IF EMPLOYED BY **DATUM**, I AGREE TO ABIDE BY ITS POLICIES, RULES, AND REGULATIONS. I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS AT-WILL, AND THEREFORE, MY EMPLOYMENT AND COMPENSATION CAN TERMINATE, WITH OR WITHOUT CAUSE, AT ANY TIME, AT MY OPTION OR THE OPTION OF **DATUM**, UNLESS IT IS MODIFIED BY A SPECIFIC WRITTEN EMPLOYMENT CONTRACT FOR A SPECIAL DURATION WHICH IS SIGNED BY AN OFFICER OF **DATUM** AT THE LEVEL OF VICE PRESIDENT OR ABOVE AND ME. THIS AT-WILL EMPLOYMENT RELATIONSHIP MAY NOT BE MODIFIED BY ANY ORAL OR IMPLIED AGREEMENT.

I UNDERSTAND THAT THIS APPLICATION IS COMPLETED FOR THE POSITION OR POSITIONS INDICATED ON PAGE 1 AND THAT IT WILL BE NECESSARY TO REAPPLY FOR OTHER POSITIONS WHEN THEY COME AVAILABLE. I ALSO UNDERSTAND THAT THIS APPLICATION IS GOOD FOR ONLY THIRTY (30) DAYS FROM TODAY'S DATE. IF I STILL DESIRE TO BE CONSIDERED FOR A POSITION WITH THE COMPANY AFTER THIS APPLICATION EXPIRES, IT WILL BE MY RESPONSIBILITY TO COMPLETE A NEW APPLICATION AND FILE IT WITH THE COMPANY.

DO NOT SIGN THIS APPLICATION UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

Signature of Applicant: _____

Date: _____

Print Form

Submit by Email