

# EMPLOYMENT APPLICATION

PRE-EMPLOYMENT QUESTIONNAIRE / EQUAL OPPORTUNITY EMPLOYER

## COMMERCE INTERNATIONAL, INC.

4300-C LB MCLEOD ROAD / ORLANDO FL 32811 / TEL(407)426-7098 / FAX(407)426-6841

**DATE:** \_\_\_\_\_

### PERSONAL INFORMATION

NAME \_\_\_\_\_  
(LAST) (FIRST) (Middle)

Present Address: \_\_\_\_\_  
(Street/Route) (City) (State)  
(Zip)

Telephone No.:(\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_ Social Security No.: \_\_\_\_\_ DOB: \_\_\_\_\_

Dr.License No.: \_\_\_\_\_ State \_\_\_\_\_ Expiration \_\_\_\_\_ Type \_\_\_\_\_

Are you at least 18 years of age? \_\_\_\_\_ Are you eligible to work in the USA? \_\_\_\_\_ Job Applying for : \_\_\_\_\_

Rate of pay requested \_\_\_\_\_ Are you now employed? \_\_\_\_\_ If so, why do you want to change? \_\_\_\_\_

May we contact your current employer? \_\_\_\_\_ If not employed, how long since your last employment? \_\_\_\_\_

Have you ever made application to this company before? \_\_\_\_\_ If so, when \_\_\_\_\_ Position Held \_\_\_\_\_

### EDUCATION

Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4  
GPA \_\_\_\_\_

Last School Attended \_\_\_\_\_  
(Name) (City) (State)

(Provide copy of Certificate of Graduation or Letter from College (Secondary School) Institution verifying above)

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**FOR SALES POSITIONS**

(Other than English) Languages Written & Spoken:

Gujarat \_\_\_\_ / Hindi \_\_\_\_ / Urdu \_\_\_\_ / Farsi \_\_\_\_ / Arabic \_\_\_\_ / French \_\_\_\_ / Other  
\_\_\_\_\_

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**MILITARY STATUS**

Have you ever served in the Armed Forces? \_\_\_\_\_ Branch \_\_\_\_\_ From \_\_\_\_\_  
To \_\_\_\_\_  
Rank at Discharge \_\_\_\_\_ Date of Discharge \_\_\_\_\_ Type \_\_\_\_\_  
\_\_\_\_\_

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**GENERAL**

Have you ever been: Discharged from a job? \_\_\_\_\_ Convicted of a crime? \_\_\_\_\_ A Security Bond canceled or refused? \_\_\_\_\_

If Yes, please explain fully on the back of this form.

Are you Bonded? \_\_\_\_\_ Is there any reason you cannot be Bonded? \_\_\_\_\_

Have you ever been injured on the job? \_\_\_\_ If yes, explain on the back of this sheet.

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**LIST ADDRESSES AT, WHICH YOU HAVE RESIDED FOR THE PAST 5 YEARS**

Address

\_\_\_\_\_  
(STREET / ROUTE) (CITY) (STATE)  
(ZIP)

Address

\_\_\_\_\_  
(STREET / ROUTE) (CITY) (STATE)  
(ZIP)

Address

\_\_\_\_\_  
(STREET / ROUTE) (CITY) (STATE)  
(ZIP)

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**EMPLOYMENT FOR PAST 5 YEARS**

(Start with last or current position, including prior military experience, and work back. Explain any gaps in time.)  
(Attach separate sheet if more space needed.)

Employer: \_\_\_\_\_ Telephone # \_\_\_\_\_  
(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Ad-  
dress: \_\_\_\_\_

(Street / Route) (City) (State)  
(Zip)

Position Held \_\_\_\_\_ Supervisor's Name \_\_\_\_\_ From \_\_\_\_\_  
To \_\_\_\_\_  
(Mo/Yr) (Mo/Yr)

Reason for Leaving:  
\_\_\_\_\_  
During the last year of previous employment how many days were you absent? \_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_ Telephone # \_\_\_\_\_  
(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Ad-  
dress: \_\_\_\_\_  
(Street / Route) (City) (State)  
(Zip)

Position Held \_\_\_\_\_ Supervisor's Name \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
\_\_\_\_\_  
(Mo/Yr) (Mo/Yr)

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

Employer: \_\_\_\_\_ Telephone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Ad-  
dress: \_\_\_\_\_  
(Street / Route) (City) (State)  
(Zip)

Position Held \_\_\_\_\_ Supervisor's Name \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
\_\_\_\_\_  
(Mo/Yr) (Mo/Yr)

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

Employer: \_\_\_\_\_ Telephone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Ad-  
dress: \_\_\_\_\_  
(Street / Route) (City) (State)

(Zip)

Position Held \_\_\_\_\_ Supervisor's Name \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_

(Mo/Yr)

(Mo/Yr)

Reason for Leaving:

\_\_\_\_\_

**DRIVER APPLICANTS ONLY**

**DRIVING EXPERIENCE AND QUALIFICATIONS - DRIVER - Licenses Held**

(List all States in which you have been licensed during the past 3 years)

STATE TION DATE	LICENSE NO.	TYPE	EXPIRA-
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**ACCIDENT RECORD FOR PAST 5 YEARS (LIST ALL PREVENTABLE & NON-PREVENTABLE)**

(COMPLETE IF EMPLOYMENT MAY REQUIRE OPERATING COMPANY EQUIPMENT, TRUCK, CAR, ETC.)

DATE JURIES	Nature of Accident DESCRIPTION (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	IN-
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**DRIVERS LICENSE TICKET RECORD FOR PAST 5 YEARS (LIST ALL PREVENTABLE & NON-PREVENTABLE)**

(COMPLETE IF EMPLOYMENT MAY REQUIRE OPERATING COMPANY EQUIPMENT, TRUCK, CAR, ETC.)

DATE	Nature of Ticket DESCRIPTION (SPEEDING, ETC.)	POINTS	DISPOSITION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT OF MILES	TYPE OF EQUIPMENT (Van, Tank, Flat, Etc)	DATES		APPROX # (to-
		From	To	
STRAIGHT TRUCK	_____	_____	_____	
TRACTOR AND SEMI-TRAILER	_____	_____	_____	
TRACTOR-TWO TRAILERS	_____	_____	_____	
OTHER _____	_____	_____	_____	

- A.** Have you ever been denied a license, permit, or privilege to operate a motor vehicle? \_\_\_\_\_
- B.** Has any license, permit or privilege ever been suspended or revoked? \_\_\_\_\_
- C.** Have you been convicted, during the past 5 years, of DWI, DWAI, DUI, or under the influence of an illegal or legal substance? \_\_\_\_\_  
If Yes, please explain fully on the back of this form.

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**PLATFORM / WAREHOUSE QUALIFICATIONS**

List types of platform/warehouse experience and number of years each

\_\_\_\_\_

\_\_\_\_\_

List platform/warehouse equipment you can operate

\_\_\_\_\_

\_\_\_\_\_

Are you able to lift, lift over your head, and/or carry a minimum of 60 lbs? \_\_\_\_\_

Do you have any condition, physical or otherwise, which may prevent you from performing any of the above? \_\_\_\_\_

If yes, please explain on back of this sheet.

**OFFICE APPLICANTS ONLY**

**CLERICAL QUALIFICATIONS**

List Courses of training in office work \_\_\_\_\_

Indicate training and Years of experience in the following experience	Formal Training ( Check )	Years of Experience	Indicate training and experience in the following	Formal Training ( Check )	Ex-
Typing (wpm) _____	_____	_____	Dictating Machine _____	_____	

Shorthand (wpm) \_\_\_\_\_  
\_\_\_\_\_

Bookkeeping Machine \_\_\_\_\_  
\_\_\_\_\_

Billing \_\_\_\_\_  
\_\_\_\_\_

Switchboard Equipment

Filing \_\_\_\_\_  
\_\_\_\_\_

(Indicate Type) \_\_\_\_\_  
\_\_\_\_\_

Computers (Indicate software) \_\_\_\_\_  
\_\_\_\_\_

Tabulator \_\_\_\_\_  
\_\_\_\_\_

Word Processing Equipment \_\_\_\_\_  
\_\_\_\_\_

Accounting \_\_\_\_\_  
\_\_\_\_\_

Photocopier \_\_\_\_\_  
\_\_\_\_\_

OS & D/Claims \_\_\_\_\_  
\_\_\_\_\_

Calculator \_\_\_\_\_  
\_\_\_\_\_

Interline \_\_\_\_\_  
\_\_\_\_\_

Adding Machine \_\_\_\_\_  
\_\_\_\_\_

Dispatcher \_\_\_\_\_  
\_\_\_\_\_

Telecopy \_\_\_\_\_  
\_\_\_\_\_

Cashier \_\_\_\_\_  
\_\_\_\_\_

### MANAGEMENT QUALIFICATIONS

1. List all specialized training programs you have completed:

A.

\_\_\_\_\_

B.

\_\_\_\_\_

C.

\_\_\_\_\_

2. List previous employers with which you held a supervisory or managerial position:

A. \_\_\_\_\_ From \_\_\_\_\_  
To \_\_\_\_\_

B. \_\_\_\_\_ From \_\_\_\_\_  
To \_\_\_\_\_

C. \_\_\_\_\_ From \_\_\_\_\_  
To \_\_\_\_\_

3. Describe positions held in 2-A., B., C., and areas of responsibility:

A.

\_\_\_\_\_

B.

\_\_\_\_\_

C.

\_\_\_\_\_

4. Number of people you directly supervised in 2.-A., B., and C.

A





afterward.

I understand that, if I am not hired for this position, this application may not be considered for any future employment openings and it may be necessary for me to complete additional applications if I desire to be considered for employment in the future.

I understand this application does not constitute a contract of employment with Commerce International, Inc. Nor does it express or imply employment, but, that if employed, my employment will be an "employment at will" which may be terminated at any time by Commerce International, Inc.

I certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment and for no other reason and that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge.

\_\_\_\_\_

Date

Applicant's Signature

DO NOT WRITE IN THIS SPACE

Interviewed by:

\_\_\_\_\_  
(Name) (Date)

Remarks

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TO BE COMPLETED BY MANAGER OR DEPARTMENT HEAD

Date Employed \_\_\_\_\_ Job Title \_\_\_\_\_

Pay Rate: \_\_\_\_\_ Location \_\_\_\_\_

Approved / Signed \_\_\_\_\_ Date \_\_\_\_\_