



EMPLOYMENT APPLICATION

Flip Flop Inflatables, Inc.
 487 S. Ola Rd
 McDonough GA 30252
 770-898-5760
 770-898-5770
 Fax: 770-898-5754
 www.flipflopinflatables.com

Position Applying For: (Delivery Drivers must turn in a 3/7 year MVR)

PERSONAL DATA				
Name (Last)		(First)	(Middle)	
Address: (Street)		(City)	(State)	(Zip)
Home Telephone:	Other Phone:	Email Address:	Date Available For Employment:	
Date Of Birth:	Social Security #		Would you accept part time work?	Yes No
Do you have a problem with physically manual labor intense work? Do you have a problem with working in the Heat?				Yes No
Do you have a problem working weekends? (mostly Saturdays & Sundays) (cleaning crew cleans Mon-Wed mostly)				Yes No

EDUCATION	
HIGH SCHOOL	
Did you graduate from High School? Yes No	High School Name:
If not, do you have a GED? Yes No	City, State
Check Highest Grade Completed:	9 10 11 12
Specialty Courses:	

COLLEGE				
Name and Location of College/University/Tech	Major Courses of Study	Semester/Qtr Hours Completed	Years Completed	Type of Certificate or Degree Received:

MILITARY SERVICE	
Branch of Service:	Branch of Service:
Dates Served:	Dates Served:
Type of Discharge:	Type of Discharge:

EMPLOYMENT HISTORY

Provide your employment history beginning with your present or most recent job. If you were self-employed, give firm name. Include any military or volunteer work. Failure to give complete information regarding each job held may result in your disqualification. Complete addresses with zip codes and phone numbers for all employers are necessary.

A resume may be attached only as additional information and will not be accepted in lieu of completing this section.

EMPLOYMENT #1

Dates Employed (Mo/Yr) To	Company Name	Company Phone #	Starting Salary	Ending Salary
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Job Title	Company Address	Supervisor Name
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Duties & Responsibilities:

Reason for leaving:	May we contact this employer? Yes No
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EMPLOYMENT #2

Dates Employed (Mo/Yr) To	Company Name	Company Phone #	Starting Salary	Ending Salary
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Job Title	Company Address	Supervisor Name
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Duties & Responsibilities:

Reason for leaving:	May we contact this employer? Yes No
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EMPLOYMENT #3

Dates Employed (Mo/Yr) To	Company Name	Company Phone #	Starting Salary	Ending Salary
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Job Title	Company Address	Supervisor Name
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Duties & Responsibilities:

Reason for leaving:	May we contact this employer? Yes No
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EMPLOYMENT #4

Dates Employed (Mo/Yr) To	Company Name	Company Phone #	Starting Salary	Ending Salary
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Job Title	Company Address	Supervisor Name
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Duties & Responsibilities:

Reason for leaving:	May we contact this employer? Yes No
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DRIVING HISTORY			
Do you have a valid driver's license? Yes No	Which State?	Driver's License No.	Date of Expiration
Do you have a problem getting a minimum 3 year MVR to attach to your application? (ages 25 +) Yes No	MVR Must be less than 30 days old...		

SPECIAL SKILLS
Are you able to speak any other languages besides English (If yes, please list):
What special skills, qualifications or certifications have you gained from former employers or other experiences which relate to the type of work for which you are applying?

PRE-EMPLOYMENT DRUG TESTING ACKNOWLEDGEMENT
Please complete this section only if you are willing to take a Pre Employment Drug Test.
I hereby acknowledge and understand that, as part of my application for employment for a position which involves the performance of delivery driver and being responsible for all safety positions. I must submit to a urine drug test under the authority of the U.S. Department of Transportation, Federal Transit Administration. I acknowledge and understand that any offer of employment is contingent on the passing of the aforementioned drug test and I will not be assigned to perform a delivery driver position unless my urine drug test has a verified negative result having no evidence of prohibited drug use.
Print Name: _____ Signature: _____
Date: (Your application will not be considered for employment of a Delivery Driving position unless this acknowledgement is completed and signed along with your MVR.) adult ages over the age of 25 will only be considered for delivery driving positions.

GENERAL INFORMATION	
Do you need special accommodations to perform the duties described in the job description? If you answered yes, please explain:	Yes No
Can you submit legal verification of your right to work in the United States? (In accordance with the Immigration Reform and Control Act of 1986, proof of authorization to be employed in the United States will be required of all prospective employees. Failure to establish such proof will prohibit or discontinue employment.)	Yes No
Have you ever been convicted of or pleaded guilty or nolo to a felony or misdemeanor in the last 8 years, other than a minor traffic violation?	Yes No
If Yes, when:	Where: (county)
For what:	Date of Birth:

APPLICANT'S STATEMENT

I certify that the information given in this application is true and complete to the best of my knowledge. I understand that this application is not a contract of employment. I further understand that should employment be offered, my employment and compensation may be terminated with or without cause at any time by either FFI or myself. I understand that submission of the application in no way assures me a position and that no FFI representative has the authority to enter into any employment agreement with me contrary to the foregoing.

Employment with FFI is contingent upon successfully passing a medical and physical examination (which will include a drug screening provided at no cost to the applicant/employee).

I understand that failure to submit a complete application may disqualify me from consideration for a position.

I understand that any untrue statement in the application may result in my dismissal at any time during my employment with FFI.

I authorize the release of high school and college transcripts, information concerning my previous employment and any information my former employers may have pertinent to the application and the employment procedures of FFI. I release all parties from all liability for any damage that may result from requesting, providing, processing, retaining or releasing any information about me. A photographic copy of this authorization shall be as valid as the original.

I understand resumes, letters of reference, certificates, etc., submitted with the application become the property of FFI and cannot be returned. The information I have provided on the application is subject to public disclosure under the Georgia Open Records Act.

I understand that disclosure of my Social Security number on this application for employment is voluntary, that this information is solicited pursuant to the employer's policies, and that it is intended to be used for the purposes of identification and tracking by the employer in employment transactions.

By signing this application, I hereby acknowledge that I understand and agree to all provisions outlined herein.

Applicant's Signature: _____ **Date:** _____

You are welcome to drop your applications off in our mail box which is completely locked so no one can get into it to get your personal information or mail them to 487 S. Ola Rd. McDonough, Ga. 30252. Thank you for considering employment with Flip Flop Inflatables. We work with backyard parties, schools, churches, corporate events or graduation parties. We care about our customers and our employees. Safety and Cleanliness are our number one GOAL.