

## Employment Application An Equal Employment Opportunity Employer Initial screening will be based on this application. Please be sure to answer all items completely and accurately.

CORP								
Taskon Corp 401 N. Mills Ave Ste B PMB 1136 Orlando, FL 32803 United States	Date: Name:							additional telephone re we can leave a message:
phone: (786) 569 3184 www.taskoncorp.com							Name:	
	Address:		,					
	City:			State:			Relationship:	
	Zip Code:						Phone Number:	
Home Phone:			E-mail Addre	ss:				
Work Number:			Cell Phone:					
Positions Applie	ed for:							
What is the min	imum hourly s	salary you woul	d accept?					
Other Name(s) U	Jsed:							
Do you have a f	family member	r who is a curre	ent employee c	of THA?	OYes C	No		
lf yes, please list	:							
When would you	ı be available t	to start work, i	f hired?					
What type of w	ork are you wi	illing to accept?	? O Ful	ll-Time	O Part-Ti	ime 🔿 Se	asonal or Tempora	ry
Hours Available	to Work:							
Mon	Tues	Weo	d	Thurs		Fri	Sat	Sun
Education								
Type of School		Name of Se	chool and Com	plete M	ailing Addre	SS	Years Complete	d Major or Degree
High School								
College Bus. or Trad	le School							
Professional School								
Other								
Have you ever l	been arrested	l for and/or cor	nvicted of a fe	lony an	d/or non-tr	affic relate	d misdemeanor?	🔿 Yes 🔿 No
If yes, please ex	xplain:							
Do you have a d		$\smile$	○No Driver'		e Number:		Class :	State of issue:
Has your driver		r been suspend	ded and/or rev	oked?	O Yes	🔘 No		
lf yes, please ex	xplain:							
Have you had ar	ny accidents ir	1 the past 3 yea	ars?	() Ye	es () No	> How I	many?	
Have you had ar Have you had ar	-			○ Ye	<u> </u>		many?	

## Previous Employment (list up to 3)

1.	
Name of Most Recent Emp	oyer:
Name of last supervisor:	
Dates of employment:	
From:	То:
Starting Salary:	Ending Salary:
Complete Address:	
Phone #:	
Last job title:	
Reason for Leaving (be spe	cific):
May we contact your empl	oyer: OYes No
2.	
Previous Name of Employe	r:
supervisor: Name of last	
Dates of employment:	
From:	To: COR P
Starting Salary:	Ending Salary:
Complete Address:	
Phone #:	
Last job title:	
Reason for Leaving (be spe	cific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: OYes

No

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Name of Previous Employ	/er:
Name of last supervisor:	
Dates of employment:	
From:	То:
Starting Salary:	Ending Salary:
Complete Address:	
Phone #:	
Last job title:	
Reason for Leaving (be s	pecific):
List the jobs you held d	uties performed, skills used or learned, advancements, or promotions while you worked at this company:
	aties performed, skills used of learned, advancements, of promotions write you worked at this company.
May we contact your er	
Skills:	
Skills.	
Typing:	
Computer: OPC	⊖Mac ⊖Both
Applications (list all that	apply):
Other Skills:	

## Please list 2 references other than relatives and previous employers

Name	
Position	
Company	
Telephone	

Use this space to add any additional information necessary to describe your full qualifications for the position which you are applying:

\*Signature:

\*Digitally signed and authenticated using my name in the above signature box.

Date: