SUPPLIES PLUS

APPLICATION FOR EMPLOYMENT

Supplies Plus provides equal employment opportunity to all applicants without regard to race, color, religion, sex (including pregnancy, sexual orientation, or gender identity), national origin, age (40 and over), disability, genetic information, marital status, military/veteran status, or any other characteristic protected by federal, Florida, or local law. This application will be considered for 90 days. Please answer every question completely and truthfully; do not leave blanks — write "N/A" where a question does not apply to you.

POSITION INFORMATION

Position Applied For: _____ **Date Available to Start:** _____

Desired Pay Rate (optional): _____ **Employment Type Desired (Full-Time / Part-Time / Seasonal):** _____

How Did You Hear About Us? (job board, referral, walk-in, etc.):
_____

APPLICANT CONTACT INFORMATION

Full Legal Name: _____

Mailing Address (Street, City, State, ZIP): _____

Phone Number: _____ **Email Address:** _____

Note: In compliance with Title VII, the ADA, ADEA, and GINA, this application does not ask for your date of birth, race, religion, disability, family medical history, or marital status. Do not include a photograph or any of this information with your application.

☐ **Yes** ☐ **No** Are you at least 18 years of age? (If under 18, proof of a valid work permit may be required.)

☐ **Yes** ☐ **No** Are you legally authorized to work in the United States?

If hired, Florida law (F.S. § 448.095) requires Supplies Plus to verify your employment eligibility through the federal E-Verify system, and you will be required to complete Form I-9 with acceptable identity and work-authorization documents within 3 business days of your start date.

☐ **Yes** ☐ **No** Have you ever been employed by Supplies Plus before? If yes, give dates below.

Previous Dates of Employment with Supplies Plus (if applicable): _____

EMPLOYMENT HISTORY (MOST RECENT FIRST)

Please account for at least the past 7–10 years, or your most recent three employers.

Employer 1

Company Name: _____

Address / City / State: _____ **Phone:** _____

Job Title: _____ **Supervisor Name:** _____

Dates Employed (From – To): _____ **Pay Rate (Start / Final):** _____

Duties Performed: _____

Reason for Leaving: _____

☐ **Yes** ☐ **No** May we contact this employer?

Employer 2

Company Name: _____

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Address / City / State: _____ **Phone:** _____

Job Title: _____ **Supervisor Name:** _____

Dates Employed (From – To): _____ **Pay Rate (Start / Final):** _____

Duties Performed: _____

Reason for Leaving: _____

☐ **Yes** ☐ **No** May we contact this employer?

Employer 3

Company Name: _____

Address / City / State: _____ **Phone:** _____

Job Title: _____ **Supervisor Name:** _____

Dates Employed (From – To): _____ **Pay Rate (Start / Final):** _____

Duties Performed: _____

Reason for Leaving: _____

☐ **Yes** ☐ **No** May we contact this employer?

EDUCATION & TRAINING

High School / GED: _____ **City, State:** _____ **Graduated? Y/N:** _____

College / Trade School: _____ **City, State:** _____ **Degree / Credits:** _____

Relevant Certifications or Licenses (e.g., CDL, forklift/powered-industrial-truck cert, OSHA card, HAZMAT): _____

Other Training or Skills Relevant to This Position: _____

AVAILABILITY & PHYSICAL REQUIREMENTS OF THE ROLE

This position may require regularly lifting up to 50 lbs., standing/walking for extended periods, and operating warehouse equipment. Reasonable accommodations are available for qualified individuals with disabilities upon request after a conditional offer is made — please do not disclose any disability or medical information on this form.

Days/Hours Available (e.g., M–F 7a–4p, weekends, overnight): _____

☐ **Yes** ☐ **No** Are you able to perform the essential functions of this job, with or without reasonable accommodation, as described above?

☐ **Yes** ☐ **No** Do you have a valid driver's license, if required for this position?

License Number / State (only if driving is a job requirement): _____

PROFESSIONAL REFERENCES

Please list three professional references who are not relatives.

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Name: _____ **Relationship / Company:** _____ **Phone Number:** _____

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APPLICANT CERTIFICATION

I certify that the information provided in this application (and any attachments) is true and complete to the best of my knowledge. I understand that any false, misleading, or omitted information may result in rejection of this application or, if discovered after hire, immediate termination of employment, regardless of when discovered. I authorize Supplies Plus to verify the information provided, including contacting the schools and employers listed above, and I release those parties from liability for providing truthful information about my employment or education.

I understand that if I am made a conditional offer of employment, it may be contingent upon successful completion of a background check and/or drug screening, and that I will receive separate written disclosures and, where required, a separate authorization form in compliance with the federal Fair Credit Reporting Act (15 U.S.C. § 1681 et seq.) and Florida law before any such check is conducted.

I understand that this application is not a contract or a guarantee of employment, and that if hired, my employment will be "at will" — meaning either I or Supplies Plus may end the employment relationship at any time, with or without cause or notice, and that no manager or representative of Supplies Plus other than an authorized officer has the authority to enter into any different agreement, and any such agreement must be in writing and signed.

Applicant Signature: _____ **Date:** _____

For Office Use Only — Do not write below this line.

Reviewed By: _____ **Interview Date:** _____ **Disposition:** _____